

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 8:33

DOCUMENT # A97000000035

1. Entity Name
 EMERSON ARMS APARTMENTS, LTD.



Principal Place of Business
 3740 BEACH BLVD., SUITE 300
 JACKSONVILLE, FL 32207

Mailing Address
 3740 BEACH BLVD., SUITE 300
 JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #
 1551 ATLANTIC BLVD

3. Mailing Address
 P O BOX 47050

Suite, Apt. #, etc.
 SUITE 300

Suite, Apt. #, etc.

City & State
 JACKSONVILLE, FL

City & State
 JACKSONVILLE, FL

Zip
 32207

Country
 DUVAL

Zip
 32247-7050

Country
 DUVAL

01072008

Chg-LP

CR2E003 (12/06)

4. FEI Number
 59-1287029

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EMERSON ARMS APARTMENTS, INC.
 3740 BEACH BLVD., SUITE 300
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1551 ATLANTIC BLVD., SUITE 300

City
 JACKSONVILLE

FL

Zip Code
 32207

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000000384
 NAME EMERSON ARMS APARTMENTS, INC.
 STREET ADDRESS 3740 BEACH BLVD., SUITE 300
 CITY-ST-ZIP JACKSONVILLE, FL 32207

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1551 ATLANTIC BLVD., SUITE 300
 CITY-ST-ZIP JACKSONVILLE, FL 32207

DOCUMENT #
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STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Jack L. Lenehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE