

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000035

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** EMERSON ARMS APARTMENTS, LTD.

**Current Principal Place of Business:**

1551 ATLANTIC BLVD STE 300  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1551 ATLANTIC BLVD  
SUITE 300  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

PO BOX 47050  
JACKSONVILLE, FL 322477050

**New Mailing Address:**

**FEI Number:** 59-1287029      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EMERSON ARMS APARTMENTS, INC.  
1551 ATLANTIC BLVD STE 300  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

DEMETREE, JACK C  
1551 ATLANTIC BLVD  
SUITE 300  
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: JACK C DEMETREE

03/18/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P97000000384  
Name: EMERSON ARMS APARTMENTS, INC.  
Address: 1551 ATLANTIC BLVD STE 300  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 C DEMETREE

P

03/18/2009

Electronic Signature of Signing General Partner

Date