

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

05 APR 18 AM 7:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A98000000608

1. Entity Name
 MAGNOLIA WALK APARTMENTS, LTD.



Principal Place of Business
 233 S.W. 3RD STREET
 Ocala, FL 34478

Mailing Address
 233 S.W. 3RD STREET
 Ocala, FL 34478

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01182005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3502461

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DAWSON, GWENDOLYN
 233 S.W. 3RD STREET
 Ocala, FL 34478

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

9. Capital Contributions as Shown on record. \$4,207,380.35

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	724341	STREET ADDRESS	
NAME	OCALA LEASED HOUSING CORPORATION, INC.	CITY - ST - ZIP	
STREET ADDRESS	233 S.W. 3RD STREET		
CITY - ST - ZIP	OCALA, FL 34478		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

000054035140
 05/09/05--01010--003 **\$35.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Whitfield Jenkins* President 3/10/05 352-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ocala Leased Housing Corporation, Inc., The General Partner

STAPLE CHECK HERE