## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

DOCUMENT # A9800000608  1. Entity Name MAGNOLIA WALK APARTMENTS, LTD.							<b>07 AI</b> SECR	PR 24 AM 9: 06 ETARY OF STATE	
Principal Place of Business Mailing Address 1629 NW 4TH STREET 1629 NW 4TH STREET OCALA, FL 34475 OCALA, FL 34475					1		TALLA	HASSEE FLORIDA	
Principal Place of Business - No P.O. Box # 3. Mailing Address					<u> </u>				
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Suite, Apt. 4, etc.			Suite, Apt. #, atc.			04162007	Chg-LP	CR2E003 (12/06)	
City & State			City & State			4. FEI Number 59-3502		Applied For Not Applicable	
Zip	Country		Zip	Cour	dry	5. Certificate of	Slatus Destred	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name 1	7. Name and Address of New Registered Agent			
DAWSON, GWENDOLYN 233 S.W. 3RD STREET					WZ L	et Address (P.O. Box Number is Not Acceptable)			
OCALA, FL 34478					1629 NW	NW 4th Street			
		2 1		City Oca			FL Zip Code 34475		
8. The above named of the submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of changing the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of changing the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of changing the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of the obligations									
SIGNATURE Streets Appel or printed ribbre of legislaves and title if applicable.									
FILE NOWIII FEE IS \$500.00 After May 1, 2007, 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,	110123	GENERAL PARTNE		13.	, dit direstation	it must be men	ADDRESS CHA		
Document # Name	724341 OCALA LEASED HOUSING CORPORATION, INC.			STRE	ET ADDRESS 162	629 NW 4th Street, Suite 103			
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14. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is fure and accurate and that my signature shall have the same legal effect as if made under each; that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes									
Ocala Leased Housing Corporation, Inc, General Partner									
		9/2 X	Ocala Leased	Hous	ing Corpo	ration. In	nc. Gener	al Partner	