

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001547

1. Entity Name
KBJ REALTY VENTURE, LLLP



Principal Place of Business
**510 NORTH JULIA STREET
JACKSONVILLE, FL 32202**

Mailing Address
**510 NORTH JULIA STREET
JACKSONVILLE, FL 32202**



03082006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, WILLIAM T
510 NORTH JULIA STREET
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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, 2006, Fee will be \$900.00

U00000524999

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 #
NAME **MORRIS, WILLIAM T**
STREET ADDRESS **510 NORTH JULIA STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

DOCUMENT #
NAME **RENSING, THOMAS K**
STREET ADDRESS **510 NORTH JULIA STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

DOCUMENT #
NAME **KIRKWOOD, CRAIG A**
STREET ADDRESS **510 NORTH JULIA STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

William T. Morris

3/31/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE