2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000558

FILED Feb 19, 2009 Secretary of State

Entity Name: AMELIA RIVER-JACKSONVILLE LIMITED PARTNERSHIP

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|-----------------------------|---------------------------------|--------------------------------------|---|--|
| | | INC. D., SUITE 1400 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | | INC. D., SUITE 1400 | | | |
| FEI Number: | 20-2524117 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| NRAI SER\ 2731 EXEC WESTON, | | K DRIVE, SUITE 4 US | | | |
| The above in the State | | y submits this statement for th | e purpose of changing its registered | l office or registered agent, or both | |
| SIGNATUR | RE: | | | | |
| | Electro | onic Signature of Registered A | Agent | Date | |
| | | | | | |
| GENERAL PARTNER INFORMATION: | | | ADDRESS CHANGES ONL' | ADDRESS CHANGES ONLY: | |
| Name: | L0400005207 FL HHPII GP, | | Address: | | |

City-St-Zip:

City-St-Zip: ENCINO, CA 91436

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: MARK AUSLEY VP 02/19/2009