

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 MAR 14 PM 2:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PK



DOCUMENT # A08713
 1. Entity Name
 SOUTH WIND, LTD.



Principal Place of Business: 1400 PRUDENTIAL DRIVE #7 JACKSONVILLE, FL 32207
 Mailing Address: 1400 PRUDENTIAL DRIVE #7 JACKSONVILLE, FL 32207

2. Principal Place of Business: 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202
 3. Mailing Address: 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202

01162006 Chg-LP CR2E003 (11/05)

4. FEI Number: 59-2080630 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRYANT, CECILIA 1400 PRUDENTIAL DRIVE #7 JACKSONVILLE, FL 32207	Name: CECILIA BRYANT, P.A. Street: 550 WATER STREET Suite: SUITE 1230 City: JACKSONVILLE, FLORIDA 32202 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: *Cecilia Bryant* DATE: 3/1/06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BRYANT, CECILIA 1400 PRUDENTIAL DRIVE #7 JACKSONVILLE, FL 32207	STREET ADDRESS CITY-ST-ZIP	CECILIA BRYANT 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	590069558655
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STAPLE CHECK HERE

9. 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: *Cecilia Bryant, GP* DATE: 3/1/06 DAYTIME PHONE #: 904-346-3366