


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Apr 30, 2008 08:00 AM
Secretary of State**

DOCUMENT # A19049 1. Entity Name FIRST COAST PROPERTIES LIMITED	
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Principal Place of Business 1826 WATERBURY LANE ORANGE PARK FL 32003	Mailing Address POST OFFICE BOX 953 ORANGE PARK FL 32067-0953
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-2488372				Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent EDDY, PAUL F. 1826 WATERBURY LANE ORANGE PARK FL 32003			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 one if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	EDDY, PAUL F.	STREET ADDRESS	
NAME	1826 WATERBURY LANE	CITY - ST - ZIP	000000936285
STREET ADDRESS	ORANGE PARK FL		05/27/08-80003-019 508.75
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	EDDY, VIRGINIA	CITY - ST - ZIP	
NAME	1826 WATERBURY LANE	STREET ADDRESS	
STREET ADDRESS	ORANGE PARK FL	CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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: Virginia Eddy **VIRGINIA Eddy** 4/24/08 904-219-6097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE