## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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**SIGNATURE** 

## Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # A19049** 1. Entity Name FIRST COAST PROPERTIES LIMITED Principal Place of Business Mailing Address 1826 WATERBURY LANE ORANGE PARK FL 32003 POST OFFICE BOX 953 ORANGE PARK FL 32067-0953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E003 {11/03} City & State City & State 4. FEI Number Applied For 59-2488372 Not Applicable Zio Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDDY, PAUL F. Street Address (P.O. Box Number is Not Acceptable) 1826 WATERBURY LANE ORANGE PARK FL 32003 City 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 Signature, typed or printed name of registered agent and title if applicable Amount of Capital Contributions, in FLORIDA to date. 2, 3 41, 795,58 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$2,341,795,58 as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 32. DOCUMENT # STREET ADDRESS NAME EDDY, PAUL F. STREET ADDRESS 1826 WATERBURY LANE U00000156549 CITY-ST-ZIP City-ST-ZIP ORANGE PARK FL /06/04-80NO1-N2O 526.25 DOCUMENT # STREET ADDRESS NAME EDDY, VIRGINIA 1826 WATERBURY LANE STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C3TY - ST - Z3P DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-ZiP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY+ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CXIV-SI-2IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 904-264-

Tisginia F. Eddy

**FILED** 

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Daytime Phone #