


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 26 AM 8:05

<b>DOCUMENT # B07000000138</b>	
1. Entity Name JAMESTOWN BSP/I-DRIVE LP	

Principal Place of Business C/O JAMESTOWN 3625 CUMBERLAND BLVD., 12TH FLOOR ATLANTA, GA 30339	Mailing Address C/O JAMESTOWN 3625 CUMBERLAND BLVD., 12TH FLOOR ATLANTA, GA 30339
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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



03172008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-8920609	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., SUITE 1000 (MJG) ORLANDO, FL 32801	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 title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	F0600007714 JAMESTOWN PROPERTIES CORP. 3625 CUMBERLAND BLVD., 12TH FLOOR ATLANTA, GA 30339	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L07000042903 BSP/I-DRIVE GP, LLC 250 PARK AVENUE SOUTH, SUITE 200 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	4390 Belle Oaks Drive Suite 320 Charleston, SC 29405
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000121199540 03/25/08--01023--013 **500.00
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STAPLE CHECK HERE

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: Stephen R. Walsh Date: 3/20/08 Daytime Phone #: 843-853-2171

Stephen R. Walsh, BSP/I-Drive GP, LLC