



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000070</b> 1. Entity Name TOWN SQUARE AT SAINT JOHNS PHASE II LIMITED					
Principal Place of Business 9995 GATE PARKWAY N. STE. 400 JACKSONVILLE, FL 32246			Mailing Address 9995 GATE PARKWAY N. STE. 400 JACKSONVILLE, FL 32246		
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country			3. Mailing Address Suite, Apt #, etc. City & State Zip Country		
4. FEI Number 59-3666133			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KOEGLER, STEVEN C 9995 GATE PARKWAY N. STE. 400 JACKSONVILLE, FL 32246			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record: \$0.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L00000000146		STREET ADDRESS		
NAME	AVENTURA/TOWN SQUARE PHASE II, LLC		CITY-ST-ZIP		
STREET ADDRESS	9995 GATE PARKWAY N., STE. 400				
CITY-ST-ZIP	JACKSONVILLE, FL 32246				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Steven C. Koeqler, Pres. 3/28/05 904-996-8800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



01112005 Chg-LP CR2E003 (10/03)

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

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 KOEGLER, STEVEN C  
 9995 GATE PARKWAY N.  
 STE. 400  
 JACKSONVILLE, FL 32246

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE