

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # A00000000528 1. Name of Limited Partnership NORTH FOURTH STREET FAMILY PARTNERSHIP, LTD.		FILED 01 DEC 20 PM 5:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800004742828--1 -12/28/01--01061--016 ***1026.25 ***1026.25	
2. Principal Office Address 1548 Lancaster Terrace Suite, Apt. #, etc.		3. Mailing Office Address Post Office Box 40749 Suite, Apt. #, etc.	
City & State Jacksonville, Florida Zip 32204 Country USA		City & State Jacksonville, Florida Zip 32203 Country USA	
4. Date Formed or Registered To Do Business in Florida 03/23/00			
5. FEI Number 59-3633819		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: \$12,000,000			
7b. Amount of Capital Contributions in FLORIDA to date: \$ 6,131,000			
8. Name and Address of Current Registered Agent Name LEON CONNER Street Address (P.O. Box Number is Not Acceptable) 9161 Mud Lake Road Suite, Apt. #, Etc. City Macclenny State FL Zip Code 32063			
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
WALKER, GLADYS D TRUSTEE	148 North Fourth St.	Macclenny, FL 32063	
CONNER, LEON	9161 Mud Lake Rd.	Macclenny, FL 32063	
COMBS, LINDA S.	9161 Mud Lake Rd.	Macclenny, FL 32063	
COMBS, FRED P.	9161 Mud Lake Rd.	Macclenny, FL 32063	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <i>Leon Conner</i>		DATE 12-19-2001	
Typed or Printed Name of General Partner Signing Form LEON CONNER		Telephone Number (904) 259-6490	

CR25039 (9/00)