

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 19 AM 9:06

DOCUMENT # A00000000528 1. Entity Name NORTH FOURTH STREET FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204			Mailing Address PO BOX 40749 JACKSONVILLE, FL 32203		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07012005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3633819				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONNER, LEON 9161 MUD LAKE ROAD MACCLENNY, FL 32063			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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. \$12,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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		
NAME	CONNER, LEON TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	9161 MUD LAKE ROAD				
CITY-ST-ZIP	MACCLENNY, FL 32063				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CONNER, LEON		CITY-ST-ZIP		
STREET ADDRESS	9161 MUD LAKE ROAD				
CITY-ST-ZIP	MACCLENNY, FL 32063				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	COMBS, LINDA S		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 546				
CITY-ST-ZIP	GLEN ST. MARY, FL 32040				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	COMBS, LINDA S TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 546				
CITY-ST-ZIP	GLEN ST. MARY, FL 32040				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CONNER, FRED PAUL		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 46				
CITY-ST-ZIP	GLEN ST. MARY, FL 32040				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CONNER, FRED PAUL TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 46				
CITY-ST-ZIP	GLEN ST. MARY, FL 32040				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Leon Conner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>7/12/2005</u> <small>Daytime Phone #</small>		

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