

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A00000000766

1. Entity Name
GAZEBO JAX. LTD.



FILED

2005 APR 12 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O SOUTHERN MANAGEMENT & DEVELOPMENT LP C/O SOUTHERN MANAGEMENT & DEVELOPMENT LP
21301 POWERLINE ROAD SUITE 312 P.O. BOX 11229
BOCA RATON, FL 33433 KNOXVILLE, TN 37939



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-3644164

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLALOCK LANDERS WALTERS & VOGLER PA
802 11TH STREET WEST
BRADENTON, FL 33433

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # P00000045414
NAME GAZJAX, INC.
STREET ADDRESS 21301 POWERLINE ROAD SUITE 312
CITY-ST-ZIP BOCA RATON, FL 33433

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

100054202511
05/10/05--01033--019 **158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GazJax, Inc. General Partner
Steven L. Levin

3/21/05

Date

Daytime Phone #