# 2006 LIMITED PARTNERSHIP ANNUAL REPORT
**Due By May 1, 2006**

**FILED**
**Mar 27, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # A00000000906

1. Entity Name
JACKSONVILLE CONCOURSE III, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O STILES CORPORATION<br>6400 NORTH ANDREWS AVENUE<br>FORT LAUDERDALE, FL 33309 | 6675 CORPORATE CENTER PARKWAY<br>SUITE 100<br>JACKSONVILLE, FL 32216 |

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04/11/06-80088-020 500.00

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03162006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-1013435

☐ Applied For
☐ Not Applicable

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

1. Name and Address of Current Registered Agent

DUKE, BRYAN W ESQ.
C/O STILES CORPORATION
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

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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, 2006, 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

| | |
|---|---|
| DOCUMENT # | GP000001005 |
| NAME | JACKSONVILLE CONCOURSE ASSOCIATES III |
| STREET ADDRESS | 6400 NORTH ANDREWS AVENUE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33309 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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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:** _____ 3/23/06 (904) 363-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #