

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001046

1. Entity Name
TWENTY SEVEN O SIX, LTD.



Principal Place of Business
2706 HARVARD AVE
JACKSONVILLE, FL 32210

Mailing Address
2706 HARVARD AVE
JACKSONVILLE, FL 32210



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3734439

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR
1543-5 KINGSLEY AVE
ORANGE PARK, FL 32073

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

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

DATE

9. Capital Contributions
as Shown on record

\$5,911,590.00

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 # P01000067184
NAME FOUR FORTY-FOUR, INC.
STREET ADDRESS 2706 HARVARD AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

U00000247703
03/01/05-80034-013 526.25

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:

Norman C. Felt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Feb 24, 05 *904-389-1785*
Date Daytime Phone #