

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000966

1. Entity Name
ORANGE PARK COMMERCE CENTER, LLLP



FILED

04 JUL -1 AM 9:39

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
 751 OAK ST., SUITE 600
 JACKSONVILLE, FL 32204

Mailing Address
 751 OAK ST., SUITE 600
 JACKSONVILLE, FL 32204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004

Chg-LP

CR2E003 (10/03)

7/1

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHAW, R. LAMAR JR.
 751 OAK ST., SUITE 600
 JACKSONVILLE, FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. **\$1,000.00**

10. Amount of Capital Contribution
 in FLORIDA to date.

1,300,000

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 #
 NAME SHAW, R. LAMAR JR.
 STREET ADDRESS 751 OAK ST., SUITE 600
 CITY-ST-ZIP JACKSONVILLE, FL 32204

DOCUMENT #
 NAME THORNTON, JOHN T
 STREET ADDRESS 751 OAK ST., SUITE 600
 CITY-ST-ZIP JACKSONVILLE, FL 32204

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 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

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STAPLE CHECK HERE

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:

R. L. Y.

Rolph Lamar Shaw

4/22/04 904-358-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #