


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000000966	
1. Entity Name ORANGE PARK COMMERCE CENTER, LLLP	

Principal Place of Business 751 OAK ST., SUITE 600 JACKSONVILLE, FL 32204	Mailing Address 751 OAK ST., SUITE 600 JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 06-1698872	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 SHAW, R. LAMAR JR. 751 OAK ST., SUITE 600 JACKSONVILLE, FL 32204	DO NOT WRITE IN THIS SPACE
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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

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

U000000719702
05/01/07-80073-021 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	
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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *R. L. Y.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/07 *904-358-0900*
Date Daytime Phone #

STAPLE CHECK HERE