

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001819

**FILED**  
**Mar 31, 2006**  
**Secretary of State**

**Entity Name:** HERITAGE ST. AUGUSTINE PROPERTIES, LLLP

**Current Principal Place of Business:**

9799 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

9799 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 20-0602662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEGRAND, RONALD F  
5490 GREENLAND ROAD  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P96000026993  
Name: NORTHSIDE FUNDING, INC.  
Address: 5490 GREENLAND ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD F LEGRAND

GP

03/31/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date