

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

14

FILED
 2005 APR 21 PM 2:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
POSTED

DOCUMENT # A04000001178

1. Entity Name
ST JAX BEACH LIMITED PARTNERSHIP



Principal Place of Business
**2221 LEE ROAD, STE. 28
 WINTER PARK, FL 32789**

Mailing Address
**2221 LEE ROAD, STE. 28
 WINTER PARK, FL 32789**

2. Principal Place of Business
650 S. Northlake Blvd

3. Mailing Address
650 S. Northlake Blvd

Suite, Apt. #, etc.
Suite 450

City & State
Altamonte Springs FL

Zip
32701

Country
USA



03312005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

**LECESSE DEVELOPMENT CORPORATION
 2221 LEE ROAD, STE. 28
 WINTER PARK, FL 32789**

4. FEI Number
20-1420695

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

650 S. Northlake Blvd Suite 450

City **Altamonte Springs** State **FL** Zip Code **32701**

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.

9. Capital Contributions as Shown on record. **\$100.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000097376	STREET ADDRESS	650 S. Northlake Blvd, Suite 450
NAME	ST JAX BEACH, INC.	CITY-ST-ZIP	Altamonte Springs, FL 32701
STREET ADDRESS	2221 LEE ROAD, STE. 28		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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: *[Signature]* **4-6-05** **407-645-5575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #