

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001178

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** ST JAX BEACH LIMITED PARTNERSHIP

**Current Principal Place of Business:**

650 S. NORTHLAKE BLVD., STE 450  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

650 S. NORTHLAKE BLVD., STE 450  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 20-1420695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LECESSE DEVELOPMENT CORPORATION  
650 S. NORTHLAKE BLVD., STE 450  
ALTAMONTE SPRINGS, FL 32701 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 #: P04000097376  
Name: ST JAX BEACH, INC.  
Address: 650 S. NORTHLAKE BLVD., STE 450  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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: ST JAX BEACH INC

GP

01/04/2011

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

\_\_\_\_\_  
Date