

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAY -1 AM 10:47

DOCUMENT # A04000001795 1. Entity Name JACKSONVILLE MIDTOWN PARTNERS, LTD.					
Principal Place of Business 3947 BOULEVARD CENTER DRIVE SUITE 5 JACKSONVILLE, FL 32207			Mailing Address 3947 BOULEVARD CENTER DRIVE SUITE 5 JACKSONVILLE, FL 32207		
2. Principal Place of Business 3333 S. ORANGE AVE. Suite, Apt. #, etc. SUITE 200		3. Mailing Address P. O. BOX 568821 Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32806-8500		Zip 32856-8821			
Country US		Country US		04282006 Chg-LP CR2E003 (11/05)	
4. FEI Number 20-1884448				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 KELLOGG, ROGER W 3947 BOULEVARD CENTER DRIVE SUITE 5 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name CARTER, DARYL M. Street Address (P.O. Box Number is Not Acceptable) 3333 S. ORANGE AVE., SUITE 200 City ORLANDO FL Zip Code 32806		
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 <u>4/28/06</u>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000156187		STREET ADDRESS		
NAME	JACKSONVILLE MIDTOWN MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	3947 BOULEVARD CENTER DRIVE, STE 5		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: DARYL M. CARTER PRESIDENT OF GENERAL PARTNER <u>4/28/06</u> 407-422-3144					

STAPLE CHECK HERE