

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:51

**DOCUMENT # A05000000263**

1. Entity Name  
**SCOTT & GRAY PROPERTIES OF THE BEACHES, LLLP**



Principal Place of Business  
**14634 LAGOON DRIVE  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**14634 LAGOON DRIVE  
JACKSONVILLE BEACH, FL 32250**



04022008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**20-2302889**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**SCOTT, JOHN C JR  
14634 LAGOON DRIVE  
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**500129486545**

**05/14/08--01046--013 \*\*500.00**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**SCOTT, JOHN C JR  
14634 LAGOON DRIVE  
JACKSONVILLE BEACH, FL 32250**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SCOTT, MARY G  
14634 LAGOON DRIVE  
JACKSONVILLE BEACH, FL 32250**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Sign.*

**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:**

*John C. Scott, Jr.* 04/02/08 (904) 246-2666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone 571-125

STAPLE CHECK HERE