


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:22

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

| | | | | | |
|--|--|---------|---|---|-------------------------------|
| DOCUMENT # A05000000939 1. Entity Name CEDAR POINT AT ADAMS BRANCH, LP | | | |  | |
| Principal Place of Business 6900 SOUTHPOINT DRIVE N STE 250 JACKSONVILLE, FL 32215 | | | Mailing Address 6900 SOUTHPOINT DRIVE N STE 250 JACKSONVILLE, FL 32215 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SANKARD, GUS 6900 SOUTHPOINT DRIVE N STE 250 JACKSONVILLE, FL 32215 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 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 # NAME STREET ADDRESS CITY-ST-ZIP | CEDAR POINT AT ADAMS BRANCH MANAGER, LLC 6900 SOUTHPOINT DRIVE N STE 250 JACKSONVILLE, FL 32215 | | | STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | MANAGER <u>04/28/06</u> <u>(703) 506-1006</u> <small>Date Daytime Phone #</small> | |



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