

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000000939	
1. Entity Name CEDAR POINT AT ADAMS BRANCH, LP	



FILED

07 JUN -1 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6900 SOUTHPOINT DRIVE N STE 250 JACKSONVILLE, FL 32215	Mailing Address 6900 SOUTHPOINT DRIVE N STE 250 JACKSONVILLE, FL 32215
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2326004 APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANKARD, GUS 6900 SOUTHPOINT DRIVE N STE 250 JACKSONVILLE, FL 32215	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	CEDAR POINT AT ADAMS BRANCH MANAGER, LLC 6900 SOUTHPOINT DRIVE N STE 250 JACKSONVILLE, FL 32215	STREET ADDRESS	300104218883 06/11/07--01032--021 **500.00
NAME		CITY-ST-ZIP	
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STREET ADDRESS		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: Robert Fransen ROBERT FRANSEN 04/30/07 (703) 506-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE