

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUL 10 AM 8:53

DOCUMENT # A05000002082 1. Entity Name JC & GC INVESTMENTS, LLLP					
Principal Place of Business 1900 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205			Mailing Address 1900 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CRUMP, GINGER B 1900 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$900.00 On or after September 6, 2006, Fee will be \$1000.00					
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 #	PO5000128197		STREET ADDRESS		
NAME	JC & GC MANAGEMENT, INC.		CITY - ST - ZIP		
STREET ADDRESS	1900 SOUTH EDGEWOOD AVENUE				
CITY - ST - ZIP	JACKSONVILLE, FL 32205				
DOCUMENT #			STREET ADDRESS		
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: <u>Ginger B Crump</u> <u>Ginger B. Crump</u> 7/7/06 (904) 389-2541 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

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