


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:36

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

| | | |
|---|--|---|
| DOCUMENT # A05000002231 | |  |
| 1. Entity Name MAYPORT TRACE INVESTORS, LTD. | | |

| | |
|---|---|
| Principal Place of Business 421 W. CHURCH STREET SUITE 400 JACKSONVILLE, FL 32202 US | Mailing Address 421 W. CHURCH STREET SUITE 400 JACKSONVILLE, FL 32202 US |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



02082006 Chg-LP CR2E003 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-3746980 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GARDNER, J STEPHEN 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602 | | 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, 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 # | L05000119796 | STREET ADDRESS | |
| NAME | MAYPORT TRACE PARTNERS, LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 421 W. CHURCH STREET, SUITE 400 | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 | | |
| DOCUMENT # | | STREET ADDRESS | 800075019868 |
| NAME | | CITY-ST-ZIP | 05/22/06--01021--026 **500.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| 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:  **4/23/06** **404 861-6314**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE