

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000295

1. Entity Name
CITY PARC AT GOLDEN TRIANGLE LIMITED PARTNERSHIP



Principal Place of Business
4300 MARSH LANDING BOULEVARD
101
JACKSONVILLE BEACH, FL 32250

Mailing Address
4300 MARSH LANDING BOULEVARD
101
JACKSONVILLE BEACH, FL 32250

FILED

2007 MAY 18 P 1:09

SECRETARY OF STATE



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022007

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

ROBBINS, CHARLES D ESQ.
4300 MARSH LANDING BOULEVARD
101
JACKSONVILLE BEACH, FL 32250

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

Signature typed or printed name of registered agent and fee applicable.

DATE

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 # **L01000015513**
 NAME **FINLAY INTERESTS GP 30, LLC**
 STREET ADDRESS **4300 MARSH LANDING BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Christopher C. Finlay 4/12/07 904 280-1000

Date Daytime Phone #

STAPLE CHECK HERE