

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 MAY -2 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A08744

1. Entity Name  
CONNIE JEAN VILLAGE, LTD.



Principal Place of Business  
4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE, FL 32224-9667

Mailing Address  
4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE, FL 32224-9667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-2015780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WALLACE, L. DENISE  
4315 PABLO OAKS COURT, SUITE 1  
JACKSONVILLE, FL 32224

**7. Name and Address of New Registered Agent**

Name  
JENNIFER L. HARDIN

Street Address (P.O. Box Number is Not Acceptable)

4315 PABLO OAKS COURT, SUITE 1

City  
JACKSONVILLE

FL

Zip Code  
32224

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 title if applicable.

4/20/05

DATE

9. Capital Contributions  
as Shown on record. \$104,737.50

10. Amount of Capital Contributions  
in FLORIDA to date.

**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**

DOCUMENT #  
NAME  
STOKES, E. CHESTER JR.  
STREET ADDRESS  
4315 PABLO OAKS CT., SUITE 1  
CITY-ST-ZIP  
JACKSONVILLE, FL 322249667

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP  
700055331497  
05/25/05--01052--002 \*\*526.25

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/20/05

904-482-1100

Date

Daytime Phone #

E. Chester Stokes, Jr.

STAPLE CHECK HERE