## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## **DOCUMENT # A08744**

1. Entity Name

SUITE 1

CONNIE JEAN VILLAGE, LTD.



FILED May 02, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4315 PABLO OAKS CT.

4315 PABLO OAKS CT.

SUITE 1

JACKSONVILLE, FL 32224-9667

JACKSONVILLE, FL 32224-9667



DO NOT WRITE IN THIS SPACE 04242006 No Chg-LP

59-2015780

Applied For Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

5. Name and Address of Current Registered Agent

HARDIN, JENNIFER L 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	<u> </u>
SIGNATURE	05/10/06-80144-011-508-75
Signature, typed or printed name of registered agent and title if applicable.	DATE

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.

GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME STOKES, E. CHESTER JR. STREET ADDRESS 4315 PABLO OAKS CT., SUITE 1 CITY-ST-ZIP JACKSONVILLE, FL 322249667 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT 4 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

U00000558757 05/17/06-80111-004 500.00

## DO NOT WRITE IN THIS SPACE

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 cath; 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:

V Shis

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

E. Chester Stokes, Jr.

4/24/06

904/482-1104

Date

Daytime Phone #