


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A09189 1. Entity Name DOWNTOWN ASSOCIATES, LTD.	
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SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN 18 AM 8:49

Principal Place of Business 9601 SOUTH BROOK DR., S APT S-106 A219 JACKSONVILLE, FL 32256	Mailing Address PO BOX 56092 JACKSONVILLE, FL 32241
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

05082008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2077529	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERNARD, LAWRENCE J 1403-20 DUNN AVENUE JACKSONVILLE, FL 32218	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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.

200131507092
 06/19/08-01035-017 **\$900.00
DATE

FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, 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 #	NAME	STREET ADDRESS	
	COHEN, SHIRLEY G		
	STREET ADDRESS		
	9601 SOUTHBROOK DR., APT. S-106		
	CITY-ST-ZIP		
	JACKSONVILLE, FL 32256		
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	STREET ADDRESS		
	CITY-ST-ZIP		

B. Tisdock JUN 18 2008

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

Date

Daytime Phone #

STAPLE CHECK HERE