


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # A13974	
1. Entity Name COMMODORES POINT PROPERTIES, LIMITED	

Principal Place of Business 1010 EAST ADAMS STREET JACKSONVILLE, FL 32202	Mailing Address 1010 EAST ADAMS STREET JACKSONVILLE, FL 32202
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03292007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2253905	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LINDELL FARSON & PINCKET, P.A. 12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE, FL 32223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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 # NAME STREET ADDRESS CITY-ST-ZIP	843315 COMMODORES POINT TERMINAL CORP. 1010 EAST ADAMS STREET JACKSONVILLE, FL 32202	STREET ADDRESS CITY-ST-ZIP	
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04/26/07-80083-012 500.00

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: <u>Carol B. Nertle</u>	3/29/07	(904) 355-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
CAROL B. NERTLE, EXEC V-P		

STAPLE CHECK HERE