


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A13974</b> 1. Entity Name <b>COMMODORES POINT PROPERTIES, LIMITED</b>					
Principal Place of Business <b>1010 EAST ADAMS STREET          JACKSONVILLE, FL 32202</b>			Mailing Address <b>1010 EAST ADAMS STREET          JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02202008    Chg-LP    CR2E003 (12/06)	
Zip		Country		4. FEI Number <b>59-2253905</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LINDELL FARSON &amp; PINCKET, P.A.          12276 SAN JOSE BLVD., SUITE 126          JACKSONVILLE, FL 32223</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	843315		STREET ADDRESS		
NAME	COMMODORES POINT TERMINAL CORP.		CITY-ST-ZIP		
STREET ADDRESS	1010 EAST ADAMS STREET		CITY-ST-ZIP		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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.					
<b>SIGNATURE:</b> <i>Carol B. Hertle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <b>Carol B. Hertle</b>			<div style="display: flex; justify-content: space-between;"> <span><i>3/27/08</i></span> <span><i>904-355-8311</i></span> </div> <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE