2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED May 01, 2008 08:00 AN Secretary of State

1. Entity Name LAKE JACKSON TRADING POST, LTD.



Principal Place of Business

6215 WILSON BLVD. JACKSONVILLE, FL 32210 Mailing Address P.O. BOX 7779

JACKSONVILLE, FL 32238



DO NOT WRITE IN THIS SPACE

04022008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3040961 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURPEE, A.L. JR.. 6215 WILSON BLVD. JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

8.	 The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent. 	ent, or both, in the State of Florida, I am familiar with, and accept
	the obligations of registered agent.	000000000000000000000000000000000000000
		05/29/08-80008-010 500.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE 18 \$500.00 After May 1, 2008, 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.

1	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	110319 FLORIDA TITLE GROUP, INC 6215 WILSON BLVD. JACKSONVILLE, FL 32210	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		
	DOCUMENT # NAME STREET ADDRESS CTY-ST-ZIP		

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 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

.L. Burper, Jr.

U-20-01

Daytime Phone #