

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A17534

1. Entity Name  
PAVILION ASSOCIATES, LTD.



FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
800 PRUDENTIAL DRIVE  
JACKSONVILLE, FL 32207

Mailing Address  
800 PRUDENTIAL DRIVE  
JACKSONVILLE, FL 32207



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
59-2505491

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH & HULSEY  
225 WATER ST.  
1800 FLORIDA NATIONAL BANK TOWER  
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name  
Harvey Granger, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
1325 San Marco Blvd., Suite 902  
City Jacksonville FL Zip Code 32207

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.

4/28/05

DATE

9. Capital Contributions as Shown on record. \$2,625,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # H14260  
NAME PAVILION DEVELOPERS, INC  
STREET ADDRESS 800 PRUDENTIAL DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL

STREET ADDRESS  
CITY-ST-ZIP 200055723402  
06/06/05--01006--009 \*\*526.25

DOCUMENT # H24108  
NAME PAL PROPERTIES, INC.  
STREET ADDRESS 800 PRUDENTIAL DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/28/05

Date

904-202-5006

Daytime Phone #

STAPLE CHECK HERE