


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A17534</b> 1. Entity Name PAVILION ASSOCIATES, LTD.	
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Principal Place of Business 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	Mailing Address 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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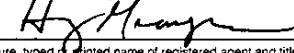
04272005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2505491	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> SMITH & HULSEY 225 WATER ST. 1800 FLORIDA NATIONAL BANK TOWER JACKSONVILLE, FL 32202	<b>7. Name and Address of New Registered Agent</b> 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
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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 	DATE 4/28/05
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9. Capital Contributions as Shown on record. \$2,625,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	H14260 PAVILION DEVELOPERS, INC 800 PRUDENTIAL DRIVE JACKSONVILLE, FL	STREET ADDRESS CITY-ST-ZIP	200055723402 06/06/05--01006--009 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	H24108 PAL PROPERTIES, INC. 800 PRUDENTIAL DRIVE JACKSONVILLE, FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: 	DATE 4/28/05	DAYTIME PHONE # 904-202-5006
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #