

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A22719</b> 1. Entity Name SOUTHPPOINT SQUARE I, LTD.					
Principal Place of Business 6821 SOUTHPPOINT DR. N. JACKSONVILLE FL 32216			Mailing Address 4110 SOUTHPPOINT BOULEVARD, SUITE 104 JACKSONVILLE FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2345216</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>BIRCH, ROBERTA C.</b> <b>4110 SOUTH POINT BLVD.</b> <b>SUITE 104</b> <b>JACKSONVILLE FL 32216</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				State <b>FL</b> Zip Code	
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 _____	
9. Capital Contributions as Shown on record. <b>\$100,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$100,000.00</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 #	NAME		STREET ADDRESS		
NAME	BIRCH, ROBERTA C.		CITY- ST- ZIP		
STREET ADDRESS	4110 SOUTHPPOINT BLVD.		CITY- ST- ZIP		
CITY- ST- ZIP	JACKSONVILLE FL		CITY- ST- ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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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					
<b>SIGNATURE:</b> <u>Roberta C. Birch</u>			Roberta C. Birch		904-281-9105
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



1ST MOORE CR2E003 (10/04)

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

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05/11/05 88012 004 526.25

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