

**\* 2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A22719**

1. Entity Name  
**SOUTHPOINT SQUARE I, LTD.**



Principal Place of Business  
**6821 SOUTHPOINT DR. N.  
JACKSONVILLE, FL 32216**

Mailing Address  
**4110 SOUTHPOINT BOULEVARD, SUITE 104  
JACKSONVILLE, FL 32216**



03312006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2345216**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BIRCH, ROBERTA C.  
4110 SOUTH POINT BLVD.  
SUITE 104  
JACKSONVILLE, FL 32216**

**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, 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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**BIRCH, ROBERTA C.  
4110 SOUTHPOINT BLVD.  
JACKSONVILLE, FL**

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000000554963  
05/16/06-80013-008 500.00

**DO NOT WRITE  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 109, 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: \_\_\_\_\_

*Roberta C Birch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/26/06 904-281-9105

DATE

Daytime Phone #

STAPLE CHECK HERE