


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A24567**  
 1. Entity Name  
**C & O PROPERTIES, LTD.**



Principal Place of Business  
**4306 PABLO OAKS COURT**  
**JACKSONVILLE, FL 32224**

Mailing Address  
**P.O. BOX 16469**  
**JACKSONVILLE, FL 32245**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01232004 Chg-LP CR2E003 (10/03)

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

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

9. Capital Contributions as Shown on record. <b>\$11,389,746.00</b>	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	M98000001271 ASBURY JAX MANAGEMENT, LLC 4306 PABLO OAKS COURT JACKSONVILLE, FL 32224	STREET ADDRESS CITY-ST-ZIP	000000131380 04/27/04-80005-007 526.25
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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)(f), 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: Linda L. Marlette *Linda L. Marlette, Treasurer*  
 ASBURY JAX MANAGEMENT, LLC *4-9-04 904-992-4110*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #