


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

**FILED  
Mar 23, 2006 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**

**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-LP      CR2E003 (11/05)

4. FEI Number <b>59-2495022</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

1100000477917  
04/07/06-80010-007 500.00

**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 #	M98000001271
NAME	ASBURY JAX MANAGEMENT, LLC
STREET ADDRESS	4306 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
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CITY-ST-ZIP	

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IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 M. Marlette, Treasurer      3-21-06      904-992-4110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #