

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 9:38

DOCUMENT # A26213

1. Entity Name
CENTER STREET RESTAURANT GROUP, LTD.



Principal Place of Business
C/O THOMAS B. INGRAM
4400 MARSH LANDING BLVD., SUITE 7
PONTE VEDRA BEACH, FL 32082 US

Mailing Address
C/O THOMAS B. INGRAM
4400 MARSH LANDING BLVD., SUITE 7
PONTE VEDRA BEACH, FL 32082 US

2. Principal Place of Business
4400 Marsh Landing Bv.
Suite, Apt. #, etc.
Suite 7

3. Mailing Address
4400 Marsh Landing Bv.
Suite, Apt. #, etc.
Suite 7

01102005 Chg-LP CR2E003 (10/03)

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number
59-2957930

Applied For
Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATTEN, DORIS P
4400 MARSH LANDING BLVD.
STE. #7
PONTE VEDRA BEACH, FL 32082-1287

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # K17513
NAME CENTER ST. RESTAURANT GROUP, INC.
STREET ADDRESS 1061 RIVERSIDE AVE. 2ND FLOOR
CITY-ST-ZIP JACKSONVILLE, FL

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
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CITY-ST-ZIP

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: Joseph M. Hixen, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/05 904-285-8645

Date Daytime Phone #

STAPLE CHECK HERE