

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A26213 1. Entity Name CENTER STREET RESTAURANT GROUP, LTD.	
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Principal Place of Business 4400 MARSH LANDING BLVD. SUITE 7 PONTE VEDRA BEACH, FL 32082 US	Mailing Address 4400 MARSH LANDING BLVD. SUITE 7 PONTE VEDRA BEACH, FL 32082 US
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02022006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-2957930	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BATTEN, DORIS P
4400 MARSH LANDING BLVD.
STE. #7
PONTE VEDRA BEACH, FL 32082-1287**

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

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.

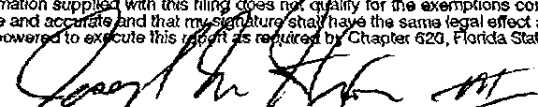
12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	K17513 CENTER ST. RESTAURANT GROUP, INC. 1061 RIVERSIDE AVE. 2ND FLOOR JACKSONVILLE, FL
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1000000461662
03/21/06-80005-003 500.00

WRITE 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:  **3/6/06** **904-285-8645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Joseph M. Hixon, III