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.

Principal Place of Business	Mailing Address
4400 MARSH LANDING BLVD. SUITE 7 PONTE VEDRA BEACH, FL 32082 US	4400 MARSH LANDING BLVD. SUITE 7 PONTE VEDRA BEACH, FL 32082 US

WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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

100000461682
03/21/06-80005-009 500.00

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