

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # A26213

1. Entity Name
CENTER STREET RESTAURANT GROUP, LTD.



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**



02062007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2957930

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

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

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

DATE

000000658979
03/16/07-80010-024 500.00

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

000000658979

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 024 500.00
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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/07 904-285-8645

Date

Daytime Phone #

Joseph M. Hixon, III

STAPLE CHECK HERE