


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 03, 2008 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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DO NOT WRITE IN THIS SPACE



03102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2957930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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, 2008, 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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000000879136
04/15/08-80008-012 500.00

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:  **4/1/08 904-285-8645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Joseph M. Hixon, III

STAPLE CHECK HERE