

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 28 PM 2:57

DOCUMENT # A33311

1. Entity Name
 JACKSONVILLE PROPERTIES ASSOCIATES, LLLP



Principal Place of Business
 7900 MIAMI LAKES DRIVE WEST
 MIAMI LAKES, FL 33016-5897

Mailing Address
 7900 MIAMI LAKES DRIVE WEST
 MIAMI LAKES, FL 33016-5897

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222008

Chg-LP

CR2E003 (12/06)

4. FEI Number
 65-0349842

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, CHRISTY
 7900 MIAMI LAKES DRIVE WEST
 MIAMI LAKES, FL 33016-5897

7. Name and Address of New Registered Agent

Name

Christy Complo

Street Address (P.O. Box Number is Not Acceptable)

7900 Miami Lakes Drive West

City

Miami Lakes

FL

Zip Code
 33016

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 Christy Complo, V.P.

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

4/22/08

DATE

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 # S68588
 NAME KISLAK REALTY EQUITIES, INC.
 STREET ADDRESS 7900 MIAMI LAKES DRIVE W
 CITY-ST-ZIP MIAMI LAKES, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300125883043
 04/25/08--01052--003 **500.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: Christy Complo, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/08

Date

(305) 364-4101

Daytime Phone #

STAPLE CHECK HERE