

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
Feb 16, 2005 08:00 AM  
Secretary of State

DOCUMENT # A33356

1. Entity Name  
IMAGES OF JACKSONVILLE LIMITED PARTNERSHIP



Principal Place of Business  
5791 UNIVERSITY CLUB N.  
JACKSONVILLE, FL 32277

Mailing Address  
5791 UNIVERSITY CLUB BLVD. N.  
JACKSONVILLE, FL 32277 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3139252

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, SONNY  
4887 BELFORT ROAD, SUITE 201  
JACKSONVILLE, FL 32256

Name

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

City

FL

Zip Code

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

9. Capital Contributions as Shown on record. \$1,093,500.00

10. Amount of Capital Contributions in FLORIDA to date.

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000072974  
NAME STEP MANAGEMENT CORP.  
STREET ADDRESS 5791 UNIVERSITY CLUB BLVD. NORTH  
CITY-ST-ZIP JACKSONVILLE, FL 32277

STREET ADDRESS

CITY-ST-ZIP

02/16/05-80001-023 526.25

DOCUMENT #  
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

02/17/2005

Date

Daytime Phone #

904 743 6806