2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CFU

CHECK

STAPLE

SIGNATURE:

FILED DOCUMENT # A92000000273 Mar 22, 2006 08:00 Al Secretary of State 1. Entity Name TDJ FOOTBALL, LTD. Principal Place of Business Mailing Address ONE ALLTEL STADIUM PLACE JACKSONVILLE FL 32202 ONE ALLTEL STADIUM PLACE JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 59-3205913 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEAVER, J. WAYNE ONE ALLTEL STADIUM PLACE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 Zip Code FL 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 FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY DOCUMENT # P93000002774 STREET ADORESS MANAGE DAR GROUP INVESTMENT, INC. STREET ADDRESS ONE ALLTEL STADIUM PLACE U00000476599 CRY-ST-7/P CITY-ST-ZIP JACKSONVILLE FL 32202 <u> 114/06/06-88817-885 586 68</u> DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I nereby 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

3-17-06

904-633-6500

Daytime Phone #