2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000407

1. Entity Name
CATHEDRAL PLACE ASSOCIATES, LTD., LLLP

Principal Place of Business	Mailing Address
100 WEST BAY STREET JACKSONVILLE, FL 32202 US	1602 TAYO LANE JACKSONVILLE, FL 32223 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01292004 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-3179116 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BELL, QUINN
1602 TAYO LANE
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent

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. $487,500.00

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 #	J45351	STREET ADDRESS	U00000111257
NAME	PORT CONTAINERS, INC.		
STREET ADDRESS	24516 DEER TRACE DRIVE	CITY-ST-ZIP	04/13/04-80009-021 526.25
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
DOCUMENT #	L79692	STREET ADDRESS	
NAME	SAN JUAN INVESTMENTS COMPANY		
STREET ADDRESS	105 PLANTATION CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

STAPLE CHECK HERE

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] 2/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #