


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A93000000407		
1. Entity Name CATHEDRAL PLACE ASSOCIATES, LTD., LLLP		

Principal Place of Business 100 WEST BAY STREET JACKSONVILLE, FL 32202 US	Mailing Address 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



01312005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3179116	Applied For <input type="checkbox"/> 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	
BELL, QUINN 1602 TAYO LANE JACKSONVILLE, FL 32223		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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 # NAME STREET ADDRESS CITY-ST-ZIP	J45351 PORT CONTAINERS, INC. 24516 DEER TRACE DRIVE PONTE VEDRA BEACH, FL 32082	STREET ADDRESS CITY-ST-ZIP	1100000273867 03/23/05 00045-010 526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L79692 SAN JUAN INVESTMENTS COMPANY 105 PLANTATION CIRCLE PONTE VEDRA BEACH, FL 32082	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 exemption stated in Section 119.07(3)(c), 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:**  **2-09-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE