

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

**2007 MAR 27 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



03082007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3179116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BELL, QUINN  
1602 TAYO LANE  
JACKSONVILLE, FL 32223

**DO NOT WRITE  
IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	L02000031156
NAME	Q BELL HOLDING, LLC
STREET ADDRESS	1602 TAYO LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
DOCUMENT #	L79692
NAME	SAN JUAN INVESTMENTS COMPANY
STREET ADDRESS	105 PLANTATION CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

800095699168  
04/03/07--01054--019 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE