


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 12: 26

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3179116	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 917 South 1st Street #301 JACKSONVILLE BEACH, FL 32250	
				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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000031156			STREET ADDRESS	
NAME	Q BELL HOLDING, LLC			CITY-ST-ZIP	
STREET ADDRESS	1602 TAYO LANE				
CITY-ST-ZIP	JACKSONVILLE, FL 32223				
DOCUMENT #	L79692			STREET ADDRESS	
NAME	SAN JUAN INVESTMENTS COMPANY			CITY-ST-ZIP	
STREET ADDRESS	105 PLANTATION CIRCLE				
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this report 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: _____ DATE: 4-23-08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

917 South 1st Street #301
JACKSONVILLE BEACH, FL 32250



04232008 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3179116

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

BELL, QUINN
1602 TAYO LANE
JACKSONVILLE, FL 32223

917 South 1st Street
301
JACKSONVILLE BEACH, FL 32250

FL Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

DATE

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1602 TAYO LANE
JACKSONVILLE, FL 32223

STREET ADDRESS
CITY-ST-ZIP

900128115109

05/01/08--01034--014 **500.00

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CITY-ST-ZIP

L79692
SAN JUAN INVESTMENTS COMPANY
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #