


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Jan 29, 2008 08:00 AM
RECEIVED of State
JAN 22 2008

DOCUMENT # A94000000690					
1. Entity Name JACKSONVILLE-TPC INVESTORS, LTD.					
Principal Place of Business 1401 BROAD STREET CLIFTON NJ 07013			Mailing Address 1401 BROAD STREET CLIFTON NJ 07013		
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 22-3303991	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____ DATE _____ <small>Signature typed or printed name of registered agent and if not applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000037340		STREET ADDRESS		
NAME	JACKSONVILLE-TPC/G.P., INC.		CITY-ST-ZIP		
STREET ADDRESS	1401 BROAD STREET				
CITY-ST-ZIP	CLIFTON NJ 07013				
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1st MOORE CR2E003 (10/07)

STAPLE CHECK HERE

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:

Robert J Ambrosi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/24/08

973 249 1000

Date

Daytime Phone