


• **2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A94000001240</b> 1. Entity Name TIMES SQUARE SHOPPING CENTER OF JACKSONVILLE BEACH, LTD.	
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Principal Place of Business  
432 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

Mailing Address  
432 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250



**DO NOT WRITE IN THIS SPACE**

02222006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
59-3274982

Applied For  
Not Applicable

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

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

MCGARVEY, JAMES N JR.  
2453 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #	P94000062716
NAME	J.N.M. TIMES SQUARE, INC.
STREET ADDRESS	432 OSCEOLA AVE.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250

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U00000554055  
05/15/06-80073-017 500.00

**DO NOT WRITE  
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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 #