

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**DOCUMENT # A95000000138**1. Entity Name
ARLINGTON MEDICAL PLAZA, LTD.Principal Place of Business
6484 FORT CAROLINE ROAD
JACKSONVILLE, FL 32211Mailing Address
6484 FORT CAROLINE ROAD
JACKSONVILLE, FL 32211FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 11 PM 2:29

DO NOT WRITE IN THIS SPACE080306 800000004 \$900.00
07242008 No Chg-LP CR2E003 (11/05)4. FEI Number
59-3328935Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARA DEVELOPMENT COMPANY
6484 FORT CAROLINE ROAD
JACKSONVILLE, FL 32211**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 use if applicable

DATE _____

FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00**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 # G42085
NAME SARA DEVELOPMENT COMPANY
STREET ADDRESS 6484 FORT CAROLINE ROAD
CITY- ST- ZIP JACKSONVILLE, FL 32211DOCUMENT #
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IN THIS SPACE****REINSTATEMENT** 2006
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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

7-28-06

904-745-3618

Date

Daytime Phone #

STAPLE CHECK HERE