2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000189

1. Entity Name
THE 1995 NEWTON FAMILY LIMITED PARTNERSHIP

Principal Place of Business
200 W. FORSYTH ST., STE. 1600
JACKSONVILLE, FL 32202

Mailing Address
POST OFFICE BOX 52898
JACKSONVILLE, FL 32201-2898

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3278171 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWTON, RUSSELL B JR.
200 W. FORSYTH ST., STE. 1600
JACKSONVILLE, FL 32202

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

9. Capital Contributions as Shown on record. $10,046,046.00

10. Amount of Capital Contributions in FLORIDA to date. 10,046,046.00

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 #		STREET ADDRESS	
NAME	NEWTON, RUSSELL B JR.		
STREET ADDRESS	200 W. FORSYTH ST., STE. 1600	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
DOCUMENT #		STREET ADDRESS	
NAME	NEWTON, RUSSELL B. JR. TRUSTEE		U00000345439
STREET ADDRESS	200 W. FORSYTH ST., STE. 1600	CITY-ST-ZIP	04/30/05-80036-006 526.25
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Russell B Newton Jr. 4/20/05 (904) 356-1739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #