2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Apr 27, 2006 08:00 Al Secretary of State DOCUMENT # A9500000189 THE 1995 NEWTON FAMILY LIMITED PARTNERSHIP, LLLP Principal Place of Business Mailing Address 200 W. FORSYTH ST., STE. 1600 POST OFFICE BOX 52898 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32201-2898 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 59-3278171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWTON, RUSSELL B JR. Street Address (P.O. Box Number is Not Acceptable) 200 W. FORSYTH ST., STE. 1600 JACKSONVILLE, FL 32202 City 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, UND000538850 /09/06-80071-022 500.00 Signature, typed or printed name of registered agent and title if applicable 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY L05000026285 DOCUMENT # STREET ADDRESS NEWTON 05, LLC STREET ADDRESS 200 W. FORSYTH STREET, SUITE 1600 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32202 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME

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 employered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STAPL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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<u>(904)356-1739</u>