

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 JUN 19 AM 6:49

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



01132006 Chg-LP CR2E003 (11/05)

4. FEI Number **59-3330402** Applied For
Not Applicable

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

DOCUMENT # A95000001209

1. Entity Name
MEDJAX ASSOCIATES, LTD.



Principal Place of Business
**6100 KENNERLY ROAD
JACKSONVILLE, FL 32216**

Mailing Address
**6100 KENNERLY ROAD
JACKSONVILLE, FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AKEL, EDWARD C
1 INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202**

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000057817**
NAME **MEDJAX PROPERTIES, INC.**
STREET ADDRESS **6100 KENNERLY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **BAHRI, GEORGES TENANTS**
NAME **6100 KENNERLY ROAD**
STREET ADDRESS **JACKSONVILLE, FL 32216**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **BAHRI, LORI TENANTS**
NAME **6100 KENNERLY ROAD**
STREET ADDRESS **JACKSONVILLE, FL 32216**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **BAHRI, FADY TENANTS**
NAME **6100 KENNERLY ROAD**
STREET ADDRESS **JACKSONVILLE, FL 32216**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **BAHRI, MELIA TENANTS**
NAME **6100 KENNERLY ROAD**
STREET ADDRESS **JACKSONVILLE, FL 32216**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **BAHRI, MELIA TENANTS**
NAME **6100 KENNERLY ROAD**
STREET ADDRESS **JACKSONVILLE, FL 32216**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100076393991
06/20/06 01077 001 **500.00**

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 #

STAPLE CHECK HERE

6/13/06