## 2000 UNIFORM BUSINESS REPORT (UBR)

## A95000001943 DOCUMENT # EILEU DIVISION OF CORPORATIONS 1. Entity Name SKINNER JACKSON COUNTY, LTD. 00 MAR -1 PM 5: 22 Principal Place of Business Mailing Address 6803 OLD KINGS ROAD SOUTH 6803 OLD KINGS ROAD SOUTH JACKSONVILLE FL 32217 JACKSONVILLE FL 32217-2803 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-3351428 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLBROOK, H. LEON Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 2301 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$435,000.00 as Shown on record. in FLORIDA to date SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY 13. 12. DOCUMENT # STREET ADDRESS SKINNER, TRUSTEE, A. CHESTER III NAME 6803 OLD KINGS ROAD SOUTH 400003169974 STREET ADORESS CITY-ST-ZIP -03/14/00--01120--019 JACKSONVILLE FL 32217 CITY-ST-ZIP \*\*\*\*COC OC \*\*\*\*528.25 DOCUMENT A STREET ADDRESS SKINNER, TRUSTEE, CHRISTOPHER F NAME 6803 OLD KINGS ROAD SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP DOCUMENT # STREET ADDRESS SKINNER, TRUSTEE, DAVID GODFREY NAME 6803 OLD KINGS ROAD SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CDY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STRIJET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FINS G. SKINNER 2/25/00

CR2E003 (9/99)