


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A95000001943		
1. Entity Name SKINNER JACKSON COUNTY, LTD.		

Principal Place of Business 6803 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32217	Mailing Address 6803 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32217
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03302005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3351428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name CHRISTOPHER F. SKINNER

Street Address (P.O. Box Number is Not Acceptable)
2963 DUPONT AVENUE

SUITE 2

City JACKSONVILLE FL Zip Code 32217

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 a registered agent.

SIGNATURE Christopher F. Skinner DATE 4-20-05

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

9. Capital Contributions as Shown on record. \$435,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	GP0300001393
NAME	SKINNER JACKSON COUNTY PARTNERS, LLP
STREET ADDRESS	2963 DUPONT AVENUE STE. 2
CITY-ST-ZIP	JACKSONVILLE, FL 32217

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	200054240212 05/11/05--01004--016 ##526.25

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: David G. Skinner DATE 4-15-05 (904) 731-4818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
(DAVID G. SKINNER)

STAPLE CHECK HERE

FILED
2005 APR 27 PM 4:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

