2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 FILED Apr 17, 2006 08:00 AN Secretary of State **DOCUMENT # A95000001943** SKINNER JACKSON COUNTY, LTD. Mailing Address Principal Place of Business 6803 OLD KINGS ROAD SOUTH 6803 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 04102006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-3351428 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SKINNER, CHRISTOPHER F DO NOT WRITE 2963 DUPONT AVENUE SUITE 2 JACKSONVILLE, FL 32217 IN THIS SPACE 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 primed name of registered agent and title if applicable. DATE FILE NOW!!! FEE 18 \$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 GP0300001393 DOCUMENT # SKINNER JACKSON COUNTY PARTNERS, LLP NAME STREET ADDRESS 2963 DUPONT AVENUE STE. 2 CITY-ST-7IP JACKSONVILLE, FL 32217 U00000514546 04/29/06-80171-019 500.00 DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP BOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZP IN THIS SPACE DOCUMENT A HAME

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT #

DOCUMENT # MAME STREET ADDRESS CITY-ST-ZP

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