


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A96000000798		
1. Entity Name EP PROPERTIES OF DUVAL COUNTY LIMITED PARTNERSHIP		

Principal Place of Business 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE, FL 32207	Mailing Address 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE, FL 32207
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2. Principal Place of Business 10739 Deerwood Park Blvd	3. Mailing Address 10739 Deerwood Park Blvd
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Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc. Suite 103
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City & State Jacksonville, FL	City & State Jacksonville, FL
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Zip 32256-2873	Country Duval	Zip 32256-2873	Country Duval
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FILED
2005 APR 18 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3371043	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBER, SYLVIA 3683 CROWN POINT ROAD JACKSONVILLE, FL 32257-5956	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10739 Deerwood Park Blvd. Suite 103 City Jacksonville FL 32256-2873
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$945,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000094078 EP PROPERTIES OF JACKSONVILLE, INC. 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE, FL 32207	STREET ADDRESS CITY-ST-ZIP	10739 Deerwood Park Blvd., Ste 103 Jacksonville, FL 32256-2873
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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: 	Ladson Montgomery	4/14/05	904/399-5222
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE