2005 LIMITED PARTNERSHIP ANNUAL REPORT FILED

Due By May 1, 2005 Feb 22, 2005 08:00 AM

1. E	DOCUMENT # A96000000879 1. Entity Name DURBIN JACKSONVILLE HOLDINGS LIMITED PARTNERSHIP						Secretary of State			
143	Principal Place of Business 143 ANCHOR DRIVE VERO BEACH, FL 32963			Mailing Address 143 ANCHOR DR VERO BEACH, FL		<u> </u>	-		,	
2. P	2. Principal Place of Business 3. Mailing Address									
s	Suite. Apt #, etc. City & State			Suite, Apt #, etc City & State Zip Coun			02012005 Chg-LP CR2E003 (10/03)			
C							4. FEI Number 65-0684		Applied For Not Applicable	
z	Zip Country		5. Certificate of Status Desired Fee Required							
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
DU/ 143	URBIN, JAMES E 43 ANCHOR DRIVE					Street Address (P.O. Box Number is Not Acceptable)				
VE	VERO BEACH, FL 32963			·				 		
						City			FL	Zıp Code
SIGN 9. C	8. The above named entity submits this statement for the purpose of changing its regis the obligations of redistered agent. SIGNATURE Signator hand or printed name of registered agent and die if applicable. 9. Capital Contributions as Shown on record. \$2,000,000.00 10. Amount of Capital Contributions in FLORIDA to date.					w E-Du				milar with, and accept
	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.								ADDRESS CH/		
DOCUM NAME	,		sı		ET ADDRESS			• •		
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NAME					STRE	### ##################################				
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NAME	T ADDRESS				STREE	ET ADDRESS				
4	CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report is take and accurate and that my closeture shall be so the				<u></u> <u> </u>	ST-ZIP			-	

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

Daytime Phone #