Applied For

DOCUMENT # A9600000879

1. Entity Name

1. Entity Name
DURBIN JACKSONVILLE HOLDINGS LIMITED PARTNERSHIP



Principal Place of Business 143 ANCHOR DRIVE VERO BEACH FL 32963

2. Principal Place of Business

SIGNATURE:

Suite, Apt. #, etc.

Mailing Address
143 ANCHOR DRIVE VERO BEACH FL 32963

3. Mailing Address

Suite, Apt. #, etc.

FILED 03 JAN 27 PM 5: 07 SECRETARY OF STATE
TALEATIASSEE FLORIDA



**DUE BY MAY 1, 2003** 

01/21/03 (202)283.9330 Date Daytime Phone #

|   |  | <del></del>   | Cit. 9 Ctata               |                       |  | 4 EEI Number  | ] Applied For  |                           |  |
|---|--|---|----------------------------|-----------------------|--|---|--|---------------------------|--|
| City & State  |  |   | City & State               | City & State          |  | 4. FE! Number 65-0684040  |  | Not Applicable            |  |
| Zip   |  | Country   | Zip Cour                   |                       | try  | 5. Certificate of   | Status Desired L -Fe   | 3.75 Additional Required  |  |
|   | 6 Name   | and Address of Curren                                 | t Registered Agent         |                       | 7. Name and Address of New Registered Agent        |   |  |                           |  |
|   | O. Italiio                                       |   |                            |                       | Name   |   |  |                           |  |
| DURBIN, JAMES E   |  |   |                            |                       | Street Address (P.O. Box Number is Not Acceptable) |   |  |                           |  |
| 143 ANCH  | OR DRIVE   |   |                            |                       | Silect Addition (1.0. box values of                |   |  |                           |  |
| VERO BEA  | CH FL 32   | 963   |                            |                       |  | -   | •  | İ                         |  |
| · · · · · · · · · · · · · · · · · · ·   |  |   |                            |                       | City   | City Zip Code   |  |                           |  |
|   |  |   |                            |                       | 1 -  | or registered agent, or both, in the State of Florida. I am familiar with, and accept |  |                           |  |
| 8. The above the obligati   | named entitions of regis                         | y submits this statement tered agent.                 | for the purpose of ch      | nanging its register  | ed office or regisi                                | tered agent, or both,   | in the State of Florida. Tain fair                                       | illiai witti, and accept  |  |
| SIGNATURE -   |  |   | at and title if applicable | <del></del>           |  |   | . DATE   |                           |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  10. Amount of Capital Contributions  |  |   |                            |                       | butions  |   | 11. MAKE CHECK PAYABLE TO  | FL. DEPT. OF STATE        |  |
| as Shown on record \$2,000,000.00 in FLORIDA to date.   |  |   |                            |                       |  |   | SEE REVERSE SIDE FOR F   | EE 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. |  |   |                            |                       |  |   |  |                           |  |
| 12.   |  | GENERAL PARTN   | ER INFORMATION             | 13.                   | ·  |   | ADDRESS CHANGES ONLY   |                           |  |
| DOCUMENT #  | P06027   |   |                            | STR                   | REET ADDRESS                                       |   |  | CB2F003 (10/02)           |  |
| NAME  |  |   |                            |                       | <u> </u>   |   |  |                           |  |
| STREET ADDRESS  |  |   |                            |                       | Y-ST-ZIP   |   |  | 6                         |  |
| CITY-ST-ZIP VERO BEACH FL 32963   |  |   |                            |                       |  |   |  |                           |  |
| DOCUMENT #  | İ  |   |                            | STF                   | REET ADDRESS                                       | 700   | 001096406  |                           |  |
| NAME  |  |   |                            |                       | · -  | —— <del>Ulaciat</del>   | <del>5010(1014**</del>   | 250.52                    |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   |                            | СІТ                   | Y-ST-ZIP   |   |  | <u> </u>                  |  |
| DOCUMENT #  | <del>                                     </del> |   |                            | err                   | REET ADDRESS                                       |   |  |                           |  |
| NAME  |  |   |                            | 311                   | TEET AUUNESS                                       |   |  |                           |  |
| STREET ADDRESS  |  |   |                            | CIT                   | Y-ST-ZIP   |   |  |                           |  |
| CITY-ST-ZIP   | <u> </u>   |   |                            |                       |  |   |  |                           |  |
| DOCUMENT #  |  |   |                            | STI                   | REET ADDRESS                                       |   |  |                           |  |
| NAME  |  |   |                            | i                     |  | 1 2   | 1 - 1 - 1  |                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  | •   |                            | Cit                   | TY-ST-ZIP  | 197   |  |                           |  |
| DOCUMENT #  | <del> </del>                                     | -   |                            |                       | 0557 4000500                                       | <b>V</b>  |  |                           |  |
| NAME  |  |   |                            | SI                    | REET ADDRESS                                       | <u> </u>  |  |                           |  |
| STREET ADDRESS  | i  |   |                            | cn                    | TY-ST-ZIP  |   | ,  |                           |  |
| CITY-ST-ZIP   | ·  |   |                            |                       |  |   |  |                           |  |
| DOCUMENT #  |  |   |                            | st                    | REET ADDRESS                                       |   |  | ,                         |  |
| NAME  |  |   |                            |                       |  |   | <u> </u>   |                           |  |
| STREET ADDRESS  |  |   |                            | Cr                    | TY-ST-ZIP  |   | •  | _                         |  |
| CITY-ST-ZIP   | 1  |   | with this filing does o    | ot qualify for the ex | emption stated in                                  | n Section 119,07(3)(i   | ), Florida Statutes. I further certi<br>that I am a General Partner of t | fy that the information   |  |
| 14. I hereby indicated  | certify that<br>d on this rep                    | the information supplied voort is true and accurate a | and that my signature      | e shall have the sar  | ne legal effect as                                 | if made under oath;   | that I am a General Partner of the                                       | he limited partnership or |  |
| the recei   | iver or truste                                   | ee empowered to execute                               |                            | ed by Chapter 620     | r, i lorida Glalotes                               | '   |  | }                         |  |
| 1   |  | -71   |                            |                       |  |   |  | Į.                        |  |