

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 12 PM 2:17

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001782

JACKSONVILLE MARKET PLACE, LTD.



Mailing Address
**4419 HARBOR ISLAND DRIVE
JACKSONVILLE FL 32225**

Principal Office Address
**4419 HARBOR ISLAND DRIVE
JACKSONVILLE FL 32225**

3. Date Formed or Registered
09/25/1996

5a. Capital Contributions as
Shown on record.
\$536,736.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

59-2595109

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**BORNS, LAWRENCE W
412 N. HALIFAX AVENUE
DAYTONA BEACH FL 32118**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

900002096869--0

Suite, Apt. #, etc.

-02/25/97--01090--007

City

*****165.00 ***165.00**
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

F.J. MANAGEMENT CORPORATION

4419 HARBOR ISLAND DR

JACKSONVILLE FL 32225

P95000007835

New Fees

cus / KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Sacquette Tremblay
SACQUETTE Tremblay

2/18/97
904-642-7766