


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # A96000001920		
1. Entity Name APEX BUILDING OF JACKSONVILLE, LTD.		

Principal Place of Business 200 N. LEE STREET JACKSONVILLE, FL 32204	Mailing Address 200 N. LEE STREET JACKSONVILLE, FL 32204
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02162007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3423694		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIRSCHNER, MAIN, GRAHAM TANNER & DEMONT PA ONE INDEPENDENT DRIVE, SUITE 2000 JACKSONVILLE, FL 32201-1559		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	379622	STREET ADDRESS	0000000661677
NAME	ARLINGTON PRINTING & STATIONERS, INC.	CITY-ST-ZIP	03/20/07-80051-006 500.00
STREET ADDRESS	200 N. LEE STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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:  **2/23/07** **904 558-2928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #