2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A96000002477

1. Entity Name
SKINNER ST. JOHNS COUNTY, LTD.

FILED
2005 APR 27 PM 4:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6803 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32217	6803 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32217
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03302005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3416983 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLBROOK, H. LEON ONE INDEPENDENT DR., STE. 2301 JACKSONVILLE, FL 32202	Name CHRISTOPHER F. SKINNER Street Address (P.O. Box Number is Not Acceptable) 2963 DUPONT AVENUE SUITE 2 City JACKSONVILLE FL Zip Code 32217

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 [signature] CHRISTOPHER F. SKINNER 4-20-05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$527,637.50	10. Amount of Capital Contributions in FLORIDA to date.	

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	GP0300001341 SKINNER ST. JOHNS COUNTY, LLP 2963 DUPONT AVENUE STE. 2 JACKSONVILLE, FL 32217	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: [signature] 4-15-05 (904) 731-4818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

(DAVID G. SKINNER)