


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000002477

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



Principal Place of Business 6803 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32217	Mailing Address 6803 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32217
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DO NOT WRITE IN THIS SPACE

04102008 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3416983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKINNER, CHRISTOPHER F
2963 DUPONT AVENUE, SUITE 2
JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GP0300001341 SKINNER ST. JOHNS COUNTY, LLP 2963 DUPONT AVENUE STE. 2 JACKSONVILLE, FL 32217
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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 C. F. Skinner CHRISTOPHER F. SKINNER 4/13/06 904-337-4915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #