## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## DOCUMENT # 496000002477

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



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business 6803 OLD KINGS ROAD SOUTH IACKSONVILLE, FL 32217 Mailing Address

6803 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32217



DO NOT WRITE IN THIS SPACE

03052008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3416983

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.</li></ol>	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered again and title if applicable.	DATE
FILE NOW!!! FEE 18 \$500.00 After May 1, 2008, Fee will be \$900.00	U00000897852 04/25/08-80064-010 500.00
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendme	

12. GENERAL PARTNER INFORMATION DOCUMENT # GP0300001341 NAME SKINNER ST. JOHNS COUNTY, LLP STREET ADDRESS 2963 DUPONT AVENUE STE. 2 CITY-ST-ZIP JACKSONVILLE, FL 32217 DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED JOANS OF SIGNING GENE

David G. Skinner

4-10-08

904) 731-481