


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 11, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # A97000002860 1. Entity Name FLEMING ISLAND MEDICAL BUILDING, LTD. |  |
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| Principal Place of Business 1540 BUSINESS CENTER DRIVE ORANGE PARK, FL 32003 | Mailing Address 1590 ISLAND LANE, STE. 28 ORANGE PARK, FL 32003 |
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DO NOT WRITE IN THIS SPACE

03072008 No Chg-LP CR2E003 (12/06)

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|---|---------------------------------------|
| 4. FEI Number 59-3483447 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent O'CONNOR, JOHN W 1590 ISLAND LANE, STE. 28 ORANGE PARK, FL 32003 | DO NOT WRITE IN THIS SPACE |
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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, 2008, 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 | F47768 O'CONNER DEVELOPMENT CORPORATION 1590 ISLAND LANE, STE. #28 ORANGE PARK, FL 32003 |
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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: John W. O'Connor President 4/9/08 904/215-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE