

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000070

**FILED**  
**Jul 11, 2006**  
**Secretary of State**

**Entity Name:** HERITAGE FINANCIAL, LTD. OF JACKSONVILLE LLLP

**Current Principal Place of Business:**

9799 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

9799 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 59-3358580      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NORTHSIDE FUNDING, INC  
9799 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P96000026993  
Name: NORTHSIDE FUNDING, INC.  
Address: 3001 HARTLEY RD.  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDRESS CHANGES ONLY:**

Address: 9799 OLD ST AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD F LEGRAND

\_\_\_\_\_  
Electronic Signature of Signing General Partner

07/11/2006

\_\_\_\_\_  
Date