

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due by July 1, 2005

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 28 AM 10:59

<b>DOCUMENT # A98000000798</b> 1. Entity Name <b>JACKSONVILLE CONCOURSE II, LTD.</b>			
Principal Place of Business 8917 WESTERN WAY, SUITE 6 JACKSONVILLE, FL 32256		Mailing Address 8917 WESTERN WAY, SUITE 6 JACKSONVILLE, FL 32256	
2. Principal Place of Business <b>6675 Corporate Center Pkwy</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Jacksonville, FL</b> Zip <b>32216</b>		3. Mailing Address <b>6675 Corporate Center Pkwy</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Jacksonville, FL</b> Zip <b>32216</b>	
4. FEI Number <b>65-0822695</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DUKE, BRYAN W</b> <b>C/O STILES CORPORATION</b> <b>6400 N. ANDREWS AVENUE</b> <b>FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$2,539,540.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,205,806.05</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G97191900051 <b>JACKSONVILLE CONCOURSE ASSOCIATES II</b> <del>8917 WESTERN WAY, SUITE 6</del> <b>JACKSONVILLE, FL 32256</b>	STREET ADDRESS CITY-ST-ZIP	<b>6675 Corporate Center Pkwy Suite 100</b> <b>Jacksonville, FL 32216</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>100058257641</b> <b>08/04/05--01052--007 **141.25</b> <b>100058257641</b> <b>08/04/05--01052--008 **395.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: <u><i>Wm. Alex. Day</i></u>		Date: <u>4/19/05</u> Daytime Phone #: <u>904 363 9002</u>	

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