

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000000798

1. Entity Name
JACKSONVILLE CONCOURSE II, LTD.



Principal Place of Business
**6675 CORPORATE CENTER PKWY
SUITE 100
JACKSONVILLE, FL 32216**

Mailing Address
**6675 CORPORATE CENTER PKWY
SUITE 100
JACKSONVILLE, FL 32216**

000000482754
04/11/06-80088-019 500.00



DO NOT WRITE IN THIS SPACE

03162006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0822695

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

3. Name and Address of Current Registered Agent

**DUKE, BRYAN W
C/O STILES CORPORATION
6400 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**

**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

Sign, or, typed or printed name of registered agent and file if applicable.

DATE

**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 # **G9: 191900051**
NAME **JACKSONVILLE CONCOURSE ASSOCIATES II**
STREET ADDRESS **6675 CORPORATE CENTER PKWY, SUITE 100**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/06 (24)363-9002
Date Daytime Phone #