

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 11:14

DOCUMENT # A99000000014

1. Entity Name
 C.F. BRYANT FAMILY PARTNERSHIP LTD.



Principal Place of Business
 1400 PRUDENTIAL DRIVE, #7
 JACKSONVILLE, FL 32207

Mailing Address
 1400 PRUDENTIAL DRIVE, #7
 JACKSONVILLE, FL 32207

2. Principal Place of Business
 550 Water Street

3. Mailing Address
 550 Water Street

Suite, Apt. #, etc.
 Suite 1230

Suite, Apt. #, etc.
 Suite 1230

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

Zip
 32202

Country

Zip
 32202

Country

03012006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-3548763

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRYANT, CECILIA ANN
 1400 PRUDENTIAL DRIVE, #7
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (R.O. Box Number is Not Acceptable)

Suite 1230

City Jacksonville

FL

Zip Code 32202

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

Cecilia Bryant

3/1/06

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 # P98000107083
 NAME BRYANT FAMILY ENTERPRISES, INC.
 STREET ADDRESS 1400 PRUDENTIAL DRIVE, NUMBER 7
 CITY-ST-ZIP JACKSONVILLE, FL 32207

13. ADDRESS CHANGES ONLY

STREET ADDRESS 550 Water St #1230

CITY-ST-ZIP Jacksonville FL 32202

STREET ADDRESS

CITY-ST-ZIP

600070465706

04/14/06--01061--001 **500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Adair Simon
 Adair Simon, Pres of Bryant Family Enterprises Inc, GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/16/06

170-242
 8659

Date

Daytime Phone #

STAPLE CHECK HERE