


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000214</b> 1. Entity Name <b>COOKSEY FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>C/O WALKER &amp; FAIRBANKS, P.A.          217 PONTE VEDRA PARK DRIVE, SUITE 200          PONTE VEDRA BEACH, FL 32082</b>			Mailing Address <b>POST OFFICE BOX 676          PONTE VEDRA BEACH, FL 32004</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WALKER, JAMES V          217 PONTE VEDRA PARK DRIVE, SUITE 200          PONTE VEDRA BEACH, FL 32082</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b></span> Zip Code	
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>\$764,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$764,000.00</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		
NAME	COOKSEY, J. BRYAN JR.		CITY - ST - ZIP		
STREET ADDRESS	11908 MANDARIN ROAD				
CITY - ST - ZIP	JACKSONVILLE, FL 32223				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	COOKSEY, JANE		CITY - ST - ZIP		
STREET ADDRESS	11908 MANDARIN ROAD				
CITY - ST - ZIP	JACKSONVILLE, FL 32223				
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STREET ADDRESS					
CITY - ST - ZIP					
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: 			J. BRYAN COOKSEY, JR. <span style="float: right;">02/16/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		
			Date <span style="float: right;">904 268 9421</span> <small>Daytime Phone #</small>		

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