## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE:

## Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # A9900000525 WALDEN CHASE DEVELOPERS, LTD. Principal Place of Business Mailing Address ONE SAN JOSE PLACE, SUITE 26 JACKSONVILLE FL 32257 ONE SAN JOSE PLACE, SUITE 26 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3567990 Not Applicable Zio Country Zıs Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAYMOND M. O'STEEN ONE SAN JOSE PLACE, SUITE 26 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 City 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 SIGNATURE Signature, typed or printed name of registered agent and tife if approach DATE 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions \$2,000,000.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 13. ADDRESS CHANGES ONLY DOCUMENT # G94142 STREET ADDRESS UD00000156588 FLORIDA FIRST COAST DEVELOPMENT CORP. MARAF 1)5/06/1)4-80002-008 526.25 STREET ADDRESS ONE SAN JOSE PLACE, SUITE 26 CITY-ST-ZXP CITY-ST-ZIP JACKSONVILLE FL 32257 DOCUMENT # L99000001772 STREET ADDRESS A. J. JOHNS, L.L.C. NAME STREET ADDRESS 3225 ANNISTON ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32246 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MATAF STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MANGE STREET ADDRESS CHTY-ST-ZIF CATY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-78 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 path; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as reported by Chapter 620, Florida Statutes.

**FILED** 

Raymond M. O'Steen 3-19-04 (904) 268-8741