

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001611**

1. Entity Name  
**JULIAN JACKSON PROPERTIES, LTD.**



Principal Place of Business  
**8535 BAYMEADOWS ROAD, SUITE 25  
JACKSONVILLE, FL 32256**

Mailing Address  
**P.O. BOX 24930  
JACKSONVILLE, FL 32241-4930**



02242006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3602863**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**JACKSON, JULIAN E  
8535 BAYMEADOWS ROAD, SUITE 25  
JACKSONVILLE, FL 32256**

**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

Signature, typed or printed name of registered agent and title if applicable.

**4/28/06**  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**100000554851  
05/16/06-80010-001 500.00**

**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 # **P89000077418**  
NAME **JACKSON REALTY MANAGEMENT GROUP, INC.**  
STREET ADDRESS **8535 BAYMEADOWS ROAD, SUITE 25**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

DOCUMENT #  
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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Signature Phone #

STAPLE CHECK HERE

**JULIAN E JACKSON - 4/28/06**

**Phone 904-731-322**