

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B00000000058

1. Entity Name
JACKSONVILLE FLEMING 501, LP



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 20 AM 11:27

Principal Place of Business
3585 HIGHWAY 17
ORANGE PARK, FL 32073

Mailing Address
117 EAST WASHINGTON STREET
Indianapolis, IN 46204-3614

2. Principal Place of Business - No P.O. Box #
3585 HIGHWAY 17

3. Mailing Address
117 EAST WASHINGTON STREET

Suite, Apt. #, etc.

03032008 Chg-LP CR2E003 (12/06)

City & State
ORANGE PARK, FL

City & State
INDIANAPOLIS, IN

4. FEI Number
35-2099867

Applied For
 Not Applicable

Zip
32073

Country

Zip
46204-3614

Country
MARION

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F00000001147**
 NAME **JACKSONVILLE FLEMING 501 MANAGEMENT, INC.**
 STREET ADDRESS **201 N. ILLINOIS STREET, 23RD FLOOR**
 CITY-ST-ZIP **INDIANAPOLIS, IN 46204**

STREET ADDRESS
117 EAST WASHINGTON STREET

CITY-ST-ZIP
Indianapolis, IN 46204-3614

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
500120815715

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 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:

Joyce A. Bradley / *Jack Henry* 501 Mgmt / *Joyce A. Bradley* 3/7/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Asst. Sec.

Date

Daytime Phone #

(317)
 237-2900