

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # B06000000224

1. Entity Name
SAN PABLO DEVELOPMENT GROUP, LP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 SEP 12 AM 10:57

Principal Place of Business 100 ATLANTA TECHNOLOGY CENTER, SUITE 200 1575 NORTHSIDE DRIVE, NW ATLANTA, GA 30318	Mailing Address 100 ATLANTA TECHNOLOGY CENTER, SUITE 200 1575 NORTHSIDE DRIVE, NW ATLANTA, GA 30318
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

BROOMS, STEPHEN D
822 A1A NORTH, SUITE 208
PONTE VEDRA BEACH, FL 32082

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
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	M03000000579
NAME	JLC SUNCOAST REALTY II, LLC
STREET ADDRESS	100 ATLANTA TECHNOLOGY CENTER, SUITE 200
CITY-ST-ZIP	ATLANTA, GA 30318

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #	
NAME	
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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 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

Daytime Phone #

STAPLE CHECK HERE

BLT

500109597525
 09/12/07--01072--004 ***500.00