


500.00

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B97000000663			
1. Entity Name HSI JAX, LP			
Principal Place of Business 2839 PACES FERRY ROAD STE 560 ATLANTA, GA 30339		Mailing Address 2839 PACES FERRY ROAD STE 560 ATLANTA, GA 30339	
2. Principal Place of Business 6640 Powers Ferry Rd Suite, Apt. #, etc. Suite 100 City & State Atlanta GA Zip 30339 Country USA		3. Mailing Address 6640 Powers Ferry Rd Suite, Apt. #, etc. Suite 100 City & State Atlanta GA Zip 30339 Country USA	
		01032006 Chg-LP CR2E003 (11/05)	
4. FEI Number 58-2339155		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, ROY 1615 REGATTA DRIVE AMELIA ISLAND, FL 32034		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	M97000000826 SOUTHERN PROPERTY INVESTORS, LLC 2839 PACES FERRY ROAD STE 560 ATLANTA, GA 30339	STREET ADDRESS CITY-ST-ZIP	6640 Powers Ferry Rd, Ste 100 Atlanta, GA 30339
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		2-9-06 904 335-0431 <small>Date Daytime Phone *</small>	

STAPLE CHECK HERE

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 10:45



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02/28/06 01025-020 **\$50.00