2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

Piercepal Place of Business 3. Mailing Address P.D. BOX 16469 ACKSONVILLE, FL 32224 2. Priceipal Place of Business Suite, Apt. #, etc. City & State T. Name and Address of New Registered Agent Name Sereal Address (P.D. Box Number is Not Acceptable) City FL Zip Code City & The Lity Code City & State		1. Entity Nam	MENT # B98000000 KSONVILLE, LTD.			DIVISION OF CORPORATIONS 05 MAR 22 AM 9: 11				
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City & State	-	2. Principal Place of Business		3. Mailing Address						
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name 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 agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered		City & State		City & State			1			
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Eith above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature type or private named an equivary agent and see applicable. 9. Capital Contributions \$99.00 10. Amount of Capital Contributions in FLORIDA to date. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / MAY ANAGEMENT L.L.C. SIRET ADDRESS CHANGES ONLY A SBURY JAX MANAGEMENT L.L.C. SIRET ADDRESS CHANGES ONLY SIRET ADDRESS CHANGES ONLY SIRET ADDRESS CHANGES ONLY CITY-ST-ZP DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZP DOCUMENT / SIZEP DOCU	i	2731 EXECUTIVÉ PARK DRIVE SUITE 4								
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