# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

#### Due By May 1, 2007 **DOCUMENT #B98000000633**

ANL JACKSONVILLE, LTD.

Apr 04, 2007 08:00 A Secretary of State

**FILED** 

Principal Place of Business 4306 PABLO OAKS CT. JACKSONVILLE, FL 32224 Mailing Address P.O. BOX 16469 JACKSONVILLE, FL 32245-6469

#### DO NOT WRITE IN THIS SPACE

03232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3503188

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

### DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.</li></ol>	in the State of Florida. I am familiar with, and accept
SIGNATURE ————————————————————————————————————	
Signature, typed or printed name of registered agent and title if applicable.	DATE
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## FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 M98000001272 DOCUMENT # NAME ASBURY JAX MANAGEMENT L.L.C. STREET ADDRESS 4306 PABLO OAKS CT. CITY-ST-ZIP JACKSONVILLE, FL 32224 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

U00000690012 04/11/07-80058-010 500.00

# DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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 it 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:

STREET ADDRESS CITY-ST-ZIP

inda L Marlette Treasurer