


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
May 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # A0000000922
1. Entity Name
JC. LINN ENTERPRISES, LTD.



Principal Place of Business: **4601 WEST COMANCHE AVENUE TAMPA FL 33614-5428**
Mailing Address: **4601 WEST COMANCHE AVENUE TAMPA FL 33614-5428**

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country



1ST MOORE CR2E003 (10/04)
4. FEI Number **59-3653699** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SHANNON, JEFFERY C
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$3,000,000.00**
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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P00000054468
NAME	JC. LINN PROPERTY MANAGEMENT, INC.
STREET ADDRESS	4601 WEST COMANCHE AVENUE
CITY - ST - ZIP	TAMPA FL 33614-5428
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	U00000365495
CITY - ST - ZIP	05/11/05-80004-001 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jeffery C. Shannon* **2/10/05** **813) 249-2525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #