


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Mar 12, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A02000000671**

1. Entity Name  
**BANYON ANNEX, LTD.**



Principal Place of Business <b>C/O SHOELESS JOE ANNEX, INC. 2 EAST CAMINO REAL, SUITE 100 BOCA RATON, FL 33432</b>	Mailing Address <b>C/O SHOELESS JOE ANNEX, INC. 2 EAST CAMINO REAL, SUITE 100 BOCA RATON, FL 33432</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. # etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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02262004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>51-0416113</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SHOELESS JOE ANNEX, INC.  
ATTN: JOSEPH R. JACKSON, SR.  
2 EAST CAMINO REAL, SUITE 100  
BOCA RATON, FL 33432**

**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

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	P02000049558 SHOELESS JOE ANNEX, INC. 2 EAST CAMINO REAL, SUITE 100 BOCA RATON, FL 33432	STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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:**  **Joseph R. Jackson** 02-26-04 (561) 417-4805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Calls Daytime Phone #