


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 11 PM 1:30

<b>DOCUMENT # A0300000900</b>				
1. Entity Name <b>JW FRITZ PARTNERS LIMITED PARTNERSHIP</b>				
Principal Place of Business 26100 S.W. 112TH AVENUE HOMESTEAD FL 33032		Mailing Address 26100 S.W. 112TH AVENUE HOMESTEAD FL 33032		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>55-0837022</b>
				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
LAW, LESTER G ESQ GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DRIVE, STE. 501 NAPLES FL 34108			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	Zip Code



MOORE CR2E003 (11/03)

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. **\$25,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P0300064801	STREET ADDRESS	
NAME	JW FRITZ PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	26100 S.W. 112TH AVENUE		
CITY-ST-ZIP	HOMESTEAD FL 33032		
DOCUMENT #		STREET ADDRESS	400031352624
NAME		CITY-ST-ZIP	03/29/04--01085--001 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE: 3/1/04 DAYTIME PHONE #: 305-258-3411

STAPLE CHECK HERE