

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

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # A29189 1. Entity Name NEW J. V. GROUP, LTD.	
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Principal Place of Business 2110 WOOD GLEN LANE MARIETTA GA 30067-7346	Mailing Address 2110 WOOD GLEN LANE MARIETTA GA 30067-7346
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address P. O. Box 6624 Marietta, GA 30065-0624 Zip Country
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MOORE	CR2E003 (11/03)	4. FEI Number 58-1287028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BIRD, T. BUCKINGHAM 385 N. JEFFERSON ST. MONTICELLO FL 32344	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

9. Capital Contributions as Shown on record. \$111,000.00	10. Amount of Capital Contributions in FLORIDA to date. 5,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	WOODWORTH, T.C.
NAME	2110 WOOD GLEN LANE
STREET ADDRESS	MARIETTA GA
CITY-ST-ZIP	
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	U00000095437
CITY-ST-ZIP	03/24/04-80032-009 141 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: T.C. Woodworth T.C. Woodworth 3-5-04 770-973-7435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #