2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

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		DUE DY WI	AT	1, 2004		,	1	
DOCUMENT # A32897 1. Entity Name							SECRETARY OF STATE DIVISION OF CORPORATIONS	
ART MUSEUM ASSOCIATES, LTD.					•		04 MAY 18 AM 7: 46	
Principal Place of Business Mailing Address					. "	<u>'</u>		
ATTN: JACK BARNETTE				1706 ART MUSEUM DRIVE ATTN: JACK BARNETTE JACKSONVILLE FL 32207				
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			MOORE CR2E003 (11/03)	
City & State				City & State			4. FEI Number 59-3130312 Applied For Not Applicable	
Zip	Country			Zip Country		itry	5. Certificate of Status Desired	
	6. Name	and Address of Current I	Registe	red Agent		Name	7. Name and Address of New Registered Agent	
BARNETTE, JACK								
1706 ART MUSEUM DRIVE JACKSONVILLE FL 32257					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 - Signature, typed or proted name of registered agent and title if applicable.								
9. Capital Contributions as Shown on record. \$600,000.00 10. Amount of Capital in FLORIDA to date						butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	AC	ENERAL PARTNER T	HAT IS	A BUSINESS EN	ITITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE.	
12.	NOIE	GENERAL PARTNER			ne torm	ı; an amendmen	nt must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT #							ADDITEGO OF INTINGEO ONE	
NAME	A.M. 99, INC.				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	1706 ART MUSEUM DRIVE JACKSONVILLE FL 32207				CITY	-ST-ZIP	U000 0 0070882	
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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 eath; 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: TRANSPETE / PRESIDENT 2/2/04 904-396-9558								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Phone #								