## \$004℃IMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Feb 16, 2004 08:00 AM Secretary of State

Due by May 1, 2004					Secretary of State	
DOCUMENT # A9500000632  1. Entity Name J.B. DEERWOOD, LTD.						
Principal Place of Business Mailing Address						
501 BRICKELL KEY DRIVE 501 BRICKELL KEY DR			Y DRIVE			
SUITE 103 SUITE 103						
MIAMI, FL 33131 MIAMI, FL 33131					 	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			01292004 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied For 65-0578575 Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registered Agent	
J.B.E., INC. 501 BRICKELL KEY DRIVE SUITE 103				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
	MIAMI, FL 33131					
				City	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 according to the purpose of changing its registered agent, or both, in the State of Florida.						
the obligations of registered agent.						
SIGNATURE Signature, typed or princed name of registered agent and title it applicable, DATE						
9. Capital Contributions as Shown on record. \$225,000.00 as Shown on record.						
<del></del>	A CENEDAL DARTNER	THATIC A RUSINESS	S ENTITY M	UIST RE BEGIST	TERED AND ACTIVE WITH THIS OFFICE	
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.	<del></del>	ER INFORMATION	13.		ADDRESS ÇHANGES ONLY	
DOCUMENT# NAME	G57136 J.B.E., INC.		STR	EET ADDRESS		
STREET ADDRESS		ICKELL KEY DRIVE STE 103 🗸		<del> </del>		
CITY-ST-ZIP	MIAMI, FL 33131			r-ST-ZIP	<u> </u>	
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NAME			216	EET ADDRESS		
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STREET (ODRESS CMY-ST-ZIP	<u> </u>		cm	r-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)(1), 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						