
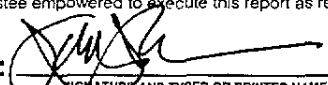


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

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

<b>DOCUMENT # A97000002205</b>					
1. Entity Name SHOELESS PARTNERS, LTD.					
Principal Place of Business 2 EAST CAMINO REAL BOCA RATON, FL 33432			Mailing Address 2 EAST CAMINO REAL BOCA RATON, FL 33432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. # etc			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHOELESS JOE, INC. 2 EAST CAMINO REAL BOCA RATON, FL 33432			Name		
			Street Address (P.O. Box Number Is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record		\$780,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000087998		STREET ADDRESS		
NAME	SHOELESS JOE, INC.		CITY-ST-ZIP		
STREET ADDRESS	2 EAST CAMINO REAL				
CITY-ST-ZIP	BOCA RATON, FL 33432				
DOCUMENT #	F02000002661		STREET ADDRESS	000000094931	
NAME	KB ASSET MANAGEMENT, INC.		CITY-ST-ZIP	03/24/04-80012-006 526.25	
STREET ADDRESS	8411 PRESTON ROAD, SUITE 650				
CITY-ST-ZIP	DALLAS, TX 75225				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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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)(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					
<b>SIGNATURE:</b>				Joseph R. Jackson 02-26-04 (561) 417-4805	
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	



02262004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0788130 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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