

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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000288**

1. Entity Name  
**J & S GERSON FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**11482 VICTORIA CIRCLE**  
**BOYNTON BEACH, FL 33437**

Mailing Address  
**11482 VICTORIA CIRCLE**  
**BOYNTON BEACH, FL 33437**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

04232004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**65-0962274**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSON, JEROME R**  
**11482 VICTORIA CIRCLE**  
**BOYNTON BEACH, FL 33437**

Name

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 printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

**\$2,110,228.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 # **P99000008786**  
 NAME **JSG REALTY CORP.**  
 STREET ADDRESS **11482 VICTORIA CIRCLE**  
 CITY - ST - ZIP **BOYNTON BEACH, FL 33437**

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13. ADDRESS CHANGES ONLY

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 05/10/04-30017-015 526.25

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X **4-29-04**

Date

Daytime Phone #

STAPLE CHECK HERE