


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000288**

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



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



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182005    Chg-LP    CR2E003 (10/03)

4. FEI Number      Applied For  
**65-0962274**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000008786	STREET ADDRESS	
NAME	JSG REALTY CORP.	CITY-ST-ZIP	
STREET ADDRESS	11482 VICTORIA CIRCLE		UN0000202506
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		01/28/05-80113-014 528.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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)(f), 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:** X  X **1-24-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE