

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**


FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # B0300000351
1. Entity Name
JJD INVESTMENT PROPERTIES LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
806 SOUTH BENTON DRIVE **806 SOUTH BENTON DRIVE**
SAUK RAPIDS, MN 56379 **SAUK RAPIDS, MN 56379**

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



07122004 Chg-LP CR2E003 (10/03) *2/19*

4. FEI Number
41-1759995 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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. **\$0.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$0.00**

**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 #	M03000003516	STREET ADDRESS	
NAME	JSD GENERAL PARTNER, LLC	CITY-ST-ZIP	
STREET ADDRESS	806 SOUTH BENTON DRIVE		
CITY-ST-ZIP	SAUK RAPIDS, MN 56379		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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 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: Joseph J. Descho 7-14-04 320251 8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE