

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

**DOCUMENT # A00000000878**

1. Entity Name  
**JASMAN LIMITED**



Principal Place of Business  
**2665 SOUTH BAYSHORE DRIVE, SUITE 703**  
**MIAMI, FL 33133**

Mailing Address  
**2665 SOUTH BAYSHORE DRIVE, SUITE 703**  
**MIAMI, FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**65-1018467**

Applied For  
 Not Applicable

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

**WORLD CORPORATE SERVICES, INC.**  
**2665 SOUTH BAYSHORE DRIVE, SUITE 703**  
**MIAMI, FL 33133**

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: **\$860,943.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**566.25**

**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 # **P00000051488**  
 NAME **JASMAN, INC.**  
 STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 703**  
 CITY-ST-ZIP **MIAMI, FL 33133**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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)(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:**

*Timothy D. Richards*

4/29/04

(305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED**

2004 MAY -6 P 3:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE