2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

JACKSONVILLE CONCOURSE III, LTD. O4 APR 29 PM I2: 55 Principal Place of Business C/O STILES CORPORATION 8917 WESTERN WAY, SUITE 6 JACKSONVILLE FL 32256 SECRE (ARY OF STATE TALL AHASSEE, FLORIDA ACKSONVILLE FL 32256 SECRE (ARY OF STATE TALL AHASSEE, FLORIDA ACKSONVILLE FL 32256 LALL AHASSEE, FLORIDA ACKSONVILLE FL 32256 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Thame and Address of Current Registered Agent Name DUKE BRYAN W ESO. C/O STILES CORPORATION 6400 NORTH ANREWS AVENUE FORT LAUDERDALE FL 33309 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, a the obligations of registered agent. SIGNATURE Segnature, typed or princin rame of registered augent and tole 4 applicable. DATE		DOL DI III	,			_	
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2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. MOORE CR2E003 (11/03) A FEI Number 65-1013435 Inc. A FEI Number 65-1013435 Inc. A FEI Number 65-1013435 Inc. In	Principal Place of Business Mailing Address						
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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 infinited on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partner of trustee empowered to execute this report as required by Chapter 620, Florida Statutes	indicated	on this report is true and accurate and	I that my signature shall h	have the sam	e,legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further certify that the info made under oath; that I am a General Partner of the limited part	rmation tnership or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER