


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

FILED

04 AUG -9 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000914	
1. Entity Name J. CARTER ENTERPRISES, LTD.	

Principal Place of Business 2730 COLLEGE STREET JACKSONVILLE, FL 32205	Mailing Address 2730 COLLEGE STREET JACKSONVILLE, FL 32205
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262004 Chg-LP CR2E003 (10/03)

4. EEL Number 59-3651257		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CARTER, JAMES L 2730 COLLEGE STREET JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name <u>Teresa B. Harrington, CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>358 Stiles Ave</u> City <u>Orange Park</u> FL Zip Code <u>32073</u>	
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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 Teresa Harrington DATE 8/4/04

9. Capital Contributions as Shown on record. \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P00000053355	STREET ADDRESS	
NAME	J. CARTER ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2730 COLLEGE STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: James L. Carter DATE: 4/27/04 904-215-2250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE