

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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

Principal Place of Business
**2730 COLLEGE STREET
JACKSONVILLE, FL 32205**



04 AUG -9 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEL Number

59-3651257

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARTER, JAMES L
2730 COLLEGE STREET
JACKSONVILLE, FL 32205**

Name

Teresa B. Harrington, CPA

Street Address (P.O. Box Number is Not Acceptable)

358 Stiles Ave

City

Orange Park

FL

Zip Code

32073

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

8/4/04

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 #	P00000053355	STREET ADDRESS	
NAME	J. CARTER ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2730 COLLEGE STREET	STREET ADDRESS	7000040579877
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	08/27/04-01032-005-**526.25
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

J. Carter

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/04 904-215-2250

Date

Daytime Phone #

STAPLE CHECK HERE