LML/D LML/D PARTNERSHIP REINSTATEMENT		DEMATIVE Secretary of S DIVISION OF CORPO	State	8
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APPROVIDE TING THIS EORM. FILED

03 OCT 16 AM 9: 18

SEGRETARY OF STAFE FALTAHASSEE, FLORIDA

DATE 10/13/03
Telephone Number (541/691-9 900

1. Name of Limited Partnership								
JACKSON CENTRAL INVESTORS LIMITED				\$00023864409 10/16/0301088015 **650.00				
PARTNE					10/10/00 01000 0	JIO ማጥቢ	3504 (Et)	
							بسبسيسيس	
2. Principal Office Address 3. Mailing Office Addre		ddress		4. Date Formed or Registered				
3399 PGA BLVO		3399 PGA BLVD			To Do Business in Florida 12-5-00			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number		Applied For	
DUITE 24	0		SUITE 240		65-1061394		Not Applicable	
City & State City & State			·		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
PALM BEACH G	ARDENS, FL	PALK BEACH G.	ARDENS, F	<u>ا</u>	7- 0-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Zip	Country Zip Country			7a. Capital Contributions as shown on Record:				
33410	UNA	33410	USA		7b. Amount of Capital Contributions in FLORIDA to date:			
	8. Name and Address of	Current Registered Ager	nt		1,000.00			
Name					FEES:			
SAMES V. GALGANO					Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50,			
Street Address (P.O. Box Number is Not Acceptable)				for <u>each year due</u> this office.				
3399 Str. 8200 Suite, Apt. #, Etc.				2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is due. Note: If the expect extend in This graphs then expect in				
SUITE 240								
PALM BEACH GARDENS State Zip Code FL 33410					Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
for the purpose of chan	ons of sections 620.1051 and 620.1 Iging its registered office or registe In, and accept the obligations of sec	ered agent, or both, in the State	e of Florida. Such chang	rship organ ge was auth	ized or registered under the laws of the State norized by its general partner(s). I hereby acc	of Florida, sub cept the appoin	omits this statement itment of registered	
SIGNATURE (Registered Agent Accepting Appointment)					DATE			
A GENERAL	PARTNER THAT IS MUST	S A CORPORAT BE REGISTERE	ION, LIMITE D AND ACT	D PAR	RTNERSHIP OR OTHER VITH THIS OFFICE.	BUSINE	ESS ENTITY	
10. Name(s) of Ge	eneral Partner(s)	(Do NOT Use Post C	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code		Registration Document Number	
TACKSON CENT. INVESTOR	EAL EQUITY S,INC.	3399 PGA BLYD SUITE 240		ARLA	ANN BEACH GARDENS, FL P00000112322			
					MSTATERER		<u>B</u> _	
							J P	
Note: General p	partners MAY NOT t	oe changed on thi	is form; an ar	nendm	nent must be filed to chan	ige a gen	ieral partner.	

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

James Galgano

SIGNATURE _

Typed or Printed Name of General