

2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000002061

FILED
Feb 10, 2004
Secretary of State

Entity Name: JAMIE & JESSICA INSURANCE LIMITED PARTNERSHIP

Current Principal Place of Business:

164 BAYMOUNT DRIVE
STATESVILLE, NC 28625

New Principal Place of Business:

Current Mailing Address:

164 BAYMOUNT DRIVE
STATESVILLE, NC 28625

New Mailing Address:

FEI Number: 56-2226681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

ROBINSON, GARY
8001 HARWOOD C
DEERFIELD BEACH, FL 33442 US

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.

SIGNATURE: GARY ROBINSON

02/10/2004

Electronic Signature of Registered Agent

Date

Capital Contributions as Shown on record: 900.00

Amount of Capital Contributions in Florida to date: 900.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: ROBINSONS OF STATESVILLE LTD

Address: 164 BAYMOUNT DRIVE

City-St-Zip: STATESVILLE, NC

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY ROBINSON

MGR

02/10/2004

Electronic Signature of Signing General Partner

Date