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

DOCUMENT # A0100000003  1. Entity Name  JNR & KKR, LTD.						Mar 04, 2004 08:00 AM Secretary of State
Principal Place of Business Mailing Address					<u>-</u>	
12192 MANDARIN ROAD 12192 MANDARIN ROAD						
JACKSONVILLE FL 32223 JACKSONVILLE FL 322						
2. Principal Place of Business 3. Mailing Address			Address			
Suite, Apt.	#, etc	Suite, A	Suite, Apt. #, etc.			MOORE CR2E003 (11/03)
City & Stat	e	City & S	City & State			4. FEI Number 03-0553244 Applied For Not Applicable
Zφ	p Country Zip			Country		5. Certificate of Status Desired
<del> </del>	6. Name and Address of Curr	ent Registered A	lgent			7. Name and Address of New Registered Agent
ROOD, J. NEIL 12192 MANDARIN ROAD JACKSONVILLE FL 32223					Name	
					Street Address	(P.O. Box Number is Not Acceptable)
					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, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or privide name of registered agent and title if applicable.						DATE
9. Capital Contributions \$10,000,000.00 In FLORIDA to de					outions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNE	R THAT IS A E	SUSINESS ENT	FITY M		STERED AND ACTIVE WITH THIS OFFICE.
12. GENERAL PARTNER INFORMATION				13.		ADDRESS CHANGES ONLY
DOCUMENT #	,			STRE	ET ADDRESS	
NAME STREET ADDRESS	,			1	<u> </u>	
CITY-ST-ZIP JACKSONVILLE FL 32223			CITY	-ST-ZIP		
DOCUMENT # NAME				STRE	ET ADDRESS	000000087293 03/15/04-80005-014 <b>5</b> 28.25
STREET ADDRESS CITY-ST-ZIP				CHY	-St-ZIP	
OGCUMENT # NAME				STRE	ET ADORESS	
STREET ADDRESS CITY-ST-ZIP				СПҮ	-ST-28P	
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	
DOCUMENT # NAME				STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY	- S1 - ZIP	
DOCUMENT # NAME				SIRE	EET ADDRESS	
STREET ADDRESS CRY-ST-ZIP				СПҮ	-S1-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						

The Wood J. NEIL 1200D

**FILED** 

2/12/04 904/268/69 X