

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000003</b> 1. Entity Name <b>JNR &amp; KKR, LTD.</b>					
Principal Place of Business <b>12192 MANDARIN ROAD JACKSONVILLE FL 32223</b>			Mailing Address <b>12192 MANDARIN ROAD JACKSONVILLE FL 32223</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>03-0553244</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROOD, J. NEIL 12192 MANDARIN ROAD JACKSONVILLE FL 32223</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		<b>\$10,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>P94000091829</b>		STREET ADDRESS		
NAME	<b>JNR &amp; KKR, INC.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>12192 MANDARIN ROAD</b>		<b>100000208791</b> <b>02/02/05-80009-007-526.25</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
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)(l), 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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
<b>SIGNATURE</b> <i>J. Neil Rood</i> <b>J. NEIL ROOD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b>1/28/05</b> <small>Date</small>		<b>904/268-1694</b> <small>Daytime Phone #</small>

STAPLE CHECK HERE