


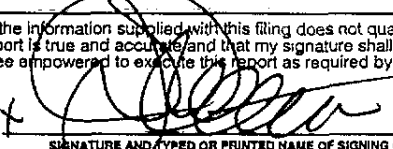
**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

|   |                             |   |   |   |  |
|---|-----------------------------|---|---|---|--|
| <b>DOCUMENT # A01000000233</b><br>1. Entity Name<br>JDF REAL ESTATE & INVESTMENTS, LTD.   |                             |   |   |  |  |
| Principal Place of Business<br>120 SPRING ISLE TRAIL<br>ALTAMONTE SPRINGS, FL 32714   |                             |   | Mailing Address<br>120 SPRING ISLE TRAIL<br>ALTAMONTE SPRINGS, FL 32714   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                             |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |                             |   | City & State  |   |  |
| Zip   |                             | Country   |   | 4. FEI Number<br><b>59-3709827</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                             | <b>\$8.75 Additional Fee Required</b>   |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FEINSTEIN, JEROME D</b><br><b>120 SPRING ISLE TRAIL</b><br><b>ALTAMONTE SPRINGS, FL 32714</b>   |                             |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                             |   |   |   |  |
| 9. Capital Contributions as Shown on record. <b>\$2,444,756.00</b>  |                             | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$2,444,756.00</b> |   |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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 #  | L99000009407                |   | STREET ADDRESS  |   |  |
| NAME  | ROLESHAR MANAGEMENT, LLC    |   | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  | 120 SPRING ISLE TRAIL       |   |   |   |  |
| CITY-ST-ZIP   | ALTAMONTE SPRINGS, FL 32714 |   |   |   |  |
| DOCUMENT #  |                             |   | STREET ADDRESS  |   |  |
| NAME  |                             |   | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                             |   |   |   |  |
| CITY-ST-ZIP   |                             |   |   |   |  |
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| STREET ADDRESS  |                             |   |   |   |  |
| CITY-ST-ZIP   |                             |   |   |   |  |
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| STREET ADDRESS  |                             |   |   |   |  |
| CITY-ST-ZIP   |                             |   |   |   |  |
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| NAME  |                             |   | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                             |   |   |   |  |
| CITY-ST-ZIP   |                             |   |   |   |  |

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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.

SIGNATURE: 

Date: **2/05/05**  
 Daytime Phone #

Jerome D Feinstein

STAPLE CHECK HERE