


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:13

DOCUMENT # A01000000557		
1. Entity Name JMR CAPITAL PARTNERS, LTD.		

Principal Place of Business 2455 EAST SUNRISE BLVD., STE. 307 FORT LAUDERDALE, FL 33304	Mailing Address 2455 EAST SUNRISE BLVD., STE. 307 FORT LAUDERDALE, FL 33304
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2. Principal Place of Business 1040 Bayview Drive Suite, Apt. #, etc. Suite 428 City & State Zip	3. Mailing Address 1040 Bayview Drive Suite, Apt. #, etc. Suite 428 City & State Zip	Country
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03272004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-1099353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REISERT, J. MICHAEL 1040 BAYVIEW DRIVE STE. 428 FORT LAUDERDALE, FL 33304	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000000596 JMR GROUP, INC. 2455 EAST SUNRISE BLVD., STE. 307 FORT LAUDERDALE, FL 33304	STREET ADDRESS CITY-ST-ZIP	1040 Bayview Drive, Suite 428
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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: 	4/16/04 954-561-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE