


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

**FILED**

04 APR 29 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001333		
1. Entity Name JTM CORPORATE PLAZA, LTD.		

Principal Place of Business 4100 CORPORATE SQUARE #116 NAPLES, FL 34104	Mailing Address % JOHN T. MAGOCS 4100 CORPORATE SQUARE #116 NAPLES, FL 34104
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2. Principal Place of Business 567 PARK ST.	3. Mailing Address 567 PARK ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL	City & State NAPLES FL
Zip 34102	Zip 34102
Country	Country



04202004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1140440	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MAGOCS, JOHN 4100 CORPORATE SQUARE #116 NAPLES, FL 34104	
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7. Name and Address of New Registered Agent Name JOHN MAGOCS Street Address (P.O. Box Number is Not Acceptable) 993 8TH STREET SO. City NAPLES FL Zip Code 34102	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P98000093285	STREET ADDRESS	567 PARK ST.
NAME	JTM MANAGEMENT, INC.	CITY-ST-ZIP	NAPLES, FL 34102
STREET ADDRESS	4100 CORPORATE SQUARE #116		
CITY-ST-ZIP	NAPLES, FL 34104		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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)(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 4/26/04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE