

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

FILED

2004 APR 26 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000032

1. Entity Name  
JAPV, LTD.



Principal Place of Business: 1630 S. CONGRESS AVENUE, SUITE 201, PALM SPRINGS, FL 33461  
Mailing Address: 1630 S. CONGRESS AVENUE, SUITE 201, PALM SPRINGS, FL 33461

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
Zip: Country

04122004 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0947910  
Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
JAPV, INC.  
1630 S. CONGRESS AVENUE, SUITE 201  
PALM SPRINGS, FL 33461

7. Name and Address of New Registered Agent  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$12,500.00  
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 #	P00000109457	STREET ADDRESS	
NAME	JAPV, INC.	CITY-ST-ZIP	
STREET ADDRESS	1630 S. CONGRESS AVENUE, SUITE 201		
CITY-ST-ZIP	PALM SPRINGS, FL 33461		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: 4-13-03 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER