


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000339</b> 1. Entity Name <b>J.M. GODDARD LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>3503 58TH AVENUE NORTH          ST. PETERSBURG FL 33714</b>			Mailing Address <b>3503 58TH AVENUE NORTH          ST. PETERSBURG FL 33714</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>75-3038177</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E003 (11/03)	
6. Name and Address of Current Registered Agent  <b>GODDARD, JOHN M          14945 - 113TH AVENUE NORTH          LARGO FL 33774</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>John M. Goddard</i> <b>John M. Goddard</b> DATE <b>4/10/04</b>					
9. Capital Contributions as Shown on record <b>\$950.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P02000027036          J.M. GODDARD, INC.          14945 - 113TH AVENUE NORTH          LARGO FL 33774</b>		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	<b>U000000120886          04/20/04-80029-005 141.25</b>	
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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)(f), 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: <i>John M. Goddard</i> <b>John M. Goddard</b> DATE <b>4/14/04</b> (727) 596-6221					

STAPLE CHECK HERE