


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A02000000339 |  |
| 1. Entity Name J.M. GODDARD LIMITED PARTNERSHIP | |

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| Principal Place of Business 3503 58TH AVENUE NORTH ST. PETERSBURG FL 33714 | Mailing Address 3503 58TH AVENUE NORTH ST. PETERSBURG FL 33714 |
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|--|---------|---|---------|
| 2. Principal Place of Business Suite, Apt #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1ST MOORE CR2E003 (10/04)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent GODDARD, JOHN M 14945 - 113TH AVENUE NORTH LARGO FL 33774 | | 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. | | 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | |
| 9. Capital Contributions as Shown on record. \$950.00 | 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 | P02000027036 J.M. GODDARD, INC. 14945 - 113TH AVENUE NORTH LARGO FL 33774 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | 1000000331203 04/26/05 80086-025 141.25 |
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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:  **9/6/05 (727) 596-6220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE