


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

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000523</b>			
1. Entity Name <b>JKW GROUP, LTD.</b>			
Principal Place of Business <b>22740 CARAVELLE CIRCLE BOCA RATON FL 33433 US</b>		Mailing Address <b>22740 CARAVELLE CIRCLE BOCA RATON FL 33433 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>KLUFT, JEROME M 22740 CARAVELLE CIRCLE BOCA RATON FL 33433</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$8,002,827.24</b>	
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 #	G02087900235	STREET ADDRESS	
NAME	JEROME M. KLUFT TRUST U/A/D 5/2/1997	CITY-ST-ZIP	
STREET ADDRESS	22740 CARAVELLE CIRCLE		
CITY-ST-ZIP	BOCA RATON FL 33433		
DOCUMENT #	G02087900241	STREET ADDRESS	
NAME	WILMA KLUFT TRUST U/A/D 5/2/1997	CITY-ST-ZIP	
STREET ADDRESS	22740 CARAVELLE CIRCLE		
CITY-ST-ZIP	BOCA RATON FL 33433		
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MOORE CR2E003 (11/03)

4. FEI Number **02-0585394** Applied For  
Not Applicable

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record.

**\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$8,002,827.24**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

G02087900235  
JEROME M. KLUFT TRUST U/A/D 5/2/1997  
22740 CARAVELLE CIRCLE  
BOCA RATON FL 33433

STREET ADDRESS  
CITY-ST-ZIP

U00000111644  
04/13/04-80027-019 526.25

DOCUMENT #  
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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:

*Jerome M. Kluft*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #