


Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000864			
1. Entity Name FISHERMAN'S WHARF MARINA PARK, LTD.			
Principal Place of Business 505 N. TAMiami TRAIL VENICE, FL 34292		Mailing Address 505 N. TAMiami TRAIL VENICE, FL 34292	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262005 Chg-LP CR2E003 (10/03)

4. FEI Number
03-0456909

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIEBERMAN, ERIK R 227 NOKOMIS AVENUE S. VENICE, FL 34285		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. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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 #	L02000015024	STREET ADDRESS	
NAME	JPKJ, LLC	CITY-ST-ZIP	
STREET ADDRESS	505 N. TAMiami TRAIL		
CITY-ST-ZIP	VENICE, FL 34292		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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05/11/05 80015 000 535.00

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Handwritten Signature]*