


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

DOCUMENT # A02000000921		
1. Entity Name JASPER 26 INVESTMENTS, LTD.		

Principal Place of Business 4126 LASALLE DRIVE PALM HARBOR, FL 34685	Mailing Address 4126 LASALLE DRIVE PALM HARBOR, FL 34685
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
04 APR 12 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02262004 Chg-LP CR2E003 (10/03)

4. FEI Number 14-1837415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIEF, FRANK J III 442 WEST KENNEDY BLVD., SUITE 340 TAMPA, FL 33606		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 \_\_\_\_\_

04/12/04--01052--010 \*\*526.25  
500032464725  
04/12/04--01052--010 \*\*526.25

9. Capital Contributions as Shown on record. \$1,349,000.00	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 #		STREET ADDRESS	
NAME	ZILBERBERG, GERALD H (DECEASED)	CITY-ST-ZIP	
STREET ADDRESS	4126 LASALLE DRIVE		
CITY-ST-ZIP	PALM HARBOR, FL 34685		
DOCUMENT #		STREET ADDRESS	
NAME	Pauline L. Zilberberg	CITY-ST-ZIP	
STREET ADDRESS	4126 Lasalle Drive		
CITY-ST-ZIP	Palm Harbor, FL 34685		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Pauline L. Zilberberg Date: April 8, 2004 727-945-1277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE