
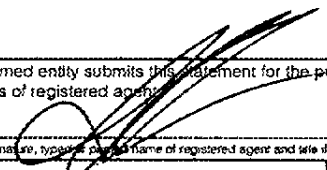
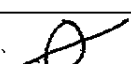
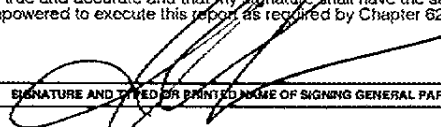


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001310					
1. Entity Name J&JAMW LTD					
Principal Place of Business P.O. BOX 3145 RIVERVIEW, FL 33568		Mailing Address P.O. BOX 3145 RIVERVIEW, FL 33568			
2. Principal Place of Business Same Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.		03312004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOGGANS, JULIEANN 9307 RIVER COVE DR RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent 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 3-31-04					
9. Capital Contributions as Shown on record. \$0.00		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	
STREET ADDRESS	GOGGANS, JULIEANN			CITY-ST-ZIP	
CITY-ST-ZIP	POB 3145 RIVERVIEW, FL 33568				
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	U00000110977
CITY-ST-ZIP					07/13/04-80001-008 141.25
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
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CITY-ST-ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
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: 				DATE 3-31-04 Daytime Phone # 83-672-0000	

STAPLE CHECK HERE