2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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	MENT # A0200000	1384	٠		/ {************************************		
1. Entity Name JSM INVESTMENT OPPORTUNITIES, LIMITED						1 Bur Lan Las	
PARTNEF	RSHIP				04 MAY	27 AMII:09	
Principal Place	e of Business	Mailing Address					
400 BATH CLUB BLVD. S. 400 BATH CLUB BLVD. S					TALLAN	SSLE FLORIÐA M.	
NORTH REDINGTON, FL 33708 NORTH REDINGTON, FL			L 33708	}	, , , , , , , , , , , , , , , , , , , ,	一 の 作 に 、 に の に に か た は 一 金 番 着	
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Principal Place of Business 3. Mailing Address						 	
Suite, Apt. #, etc. Suite, Apt. #, etc					01122004 Chg-LP	CR2E003 (10/03) 5	
City & State		City & State	City & State		4. FEI Number	Applied for	
Zip Country		Zip Country		trv	03-0486586	Not Applicable \$8.75 Additional	
					5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Curren	nt Registered Agent		Name	7. Name and Address of New	Registered Agent	
JENSEN, PAUL C				Street Address (P.O. Box Number is Not Acceptable)			
5625 CENTRAL AVENUE ST-PETERSBURG, FL 33710				Circumstates (1.0, Downstate)			
					- 1809		
· · · · · · · · · · · · · · · · · · ·				City		FL Zip Code	
	named entity submits this statement one of registered agent.	for the purpose of changing it	s registere	ed office or registe	red agent, or both, in the State of F	lorida. I am familiar with, and accept	
SIGNATURE -	ful Jeuser					1-14-04	
	Signature, typed or printed name of registered ager					DATE	
 Capital Cor as Shown of 	on record. \$100.00	10. Amount of Capi in FLORIDA to o		# 724	451.10	; ;	
	A GENERAL PARTNER	THAT IS A BUSINESS EI	NTITY.M	UST BE REGIS	TERED AND ACTIVE WITH T	HIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION				; an amenome		HANGES ONLY	
DOCUMENT # LO2000027314			STRE	ET ADDRESS			
NAME Street address	JSM INVESTMENT MANAGEMENT, LLC 100RESS 400 BATH CLUB BLVD. S.		2172	of 7th			
CITY-ST-ZIP	NORTH REDINGTON, FL 3370	08	CITY	-ST-ZIP			
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NAME Street address			21	CY 710	· · · · · · · · · · · · · · · · · · ·		
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STREET ADDRESS	·		CITY	-\$1-ZIP	9.75/- V	//	
		ith this filing does not qualify f			ection 119.07(3)(i) Florida Statutes	I further certify that the information	
CITY-ST-ZIP-	certify that the information supplied w		0/10				
14. I hereby of	certify that the information supplied w on this report is true and accurate ar ver or trustee empowered to execute	nd that my signature shall have	COO I	rul - vial a Chah. A. a	made under oath; that I am a Gene	ral Partner of the limited partnership or	
CITY-ST-ZIP- 14. I hereby c indicated the receiv	on this report is true and accurate ar	nd that my signature shall have	COO I	rul - vial a Chah. A. a	made under oath; that I am a Gene	ral Partner of the limited partnership or	
OTY-ST-ZIP-	on this report is true and accurate ar	nd that my signature shall have	COO I	rul - vial a Chah. A. a	made under oath; that I am a Gene	Partner of the limited partnership or	