


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

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001455 1. Entity Name JTM PROPERTIES OF JACKSONVILLE, LTD	
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Principal Place of Business 3529 BEAUCLERC WOOD LANE WEST JACKSONVILLE FL 32257	Mailing Address 3529 BEAUCLERC WOOD LANE WEST JACKSONVILLE FL 32257
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent COLD, KATHLEEN H ONE INDEPENDENT DRIVE STE. 2301 JACKSONVILLE FL 32202	
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4. FEI Number 54-2076974	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$605,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	L02000022779 FARHAT INVESTMENTS, LLC 3529 BEAUCLERC WOOD LANE WEST JACKSONVILLE FL 32257	STREET ADDRESS CITY - ST - ZIP	100000069169 02/28/04-90001-024 526.25
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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: *Saundra H. Farhat* **SAUNDRA H FARHAT** *2/4/04* *904-733-8013*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE