

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

APPROVED

04 APR 23 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001473



1. Entity Name  
J, M & F FLORIDA ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business  
150 NORTH MARTINGALE ROAD, SUITE 888  
ATTN: DALE PUTZ  
SCHAUMBURG, IL 60173

Mailing Address  
150 NORTH MARTINGALE ROAD, SUITE 888  
ATTN: DALE PUTZ  
SCHAUMBURG, IL 60173

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004 Chg-LP CR2E003 (10/03)

4. FEI Number  
61-1437848

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

SHELDON, MARJORIE M  
535 VILLAGE PLACE  
LONGWOOD, FL 32779

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date. 2,475,000-

**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

DOCUMENT # L02000026592  
NAME SHELDON MANAGEMENT COMPANY, L.L.C.  
STREET ADDRESS 150 NORTH MARTINGALE ROAD, SUITE 888  
CITY-ST-ZIP SCHAUMBURG, IL 60173

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700033982307  
04/25/04--01072--024 \*\*535.00

*JPB*

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: *DALE F. PUTZ* Agent DALE F. PUTZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/04 847-330-6229  
Date Daytime Phone #

STAPLE CHECK HERE