

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

APPROVED  
AND  
FILED

04 MAY 10 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A03000000957**

1. Entity Name  
JNM FLAGLER DEVELOPMENT, LTD.



Principal Place of Business  
432 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

Mailing Address  
432 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282004

Chg-LP

CR2E003 (10/03)

4. FEI Number

Applied For

~~51~~ 0470604

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

RAX CO.  
50 NORTH LAURA STREET, SUITE 3300  
JACKSONVILLE, FL 32202

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. **\$1,000.00**

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

DOCUMENT # P03000062331  
NAME JNM FLAGLER, INC.  
STREET ADDRESS 432 OSCEOLA AVENUE  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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CITY-ST-ZIP

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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

800037570878  
06/02/04-01008-012 \*\*141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER:

James N. McGarvey, Jr.

Date

Daytime Phone #

9045247-9160

STAPLE CHECK HERE