


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

<b>DOCUMENT # A03000001510</b>	
<b>1. Entity Name</b> THE JACKSON REAL ESTATE FAMILY LIMITED PARTNERSHIP #2	

<b>Principal Place of Business</b> 740 N.W. 207TH STREET MIAMI FL 33169	<b>Mailing Address</b> 740 N.W. 207TH STREET MIAMI FL 33169
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**

2004 AUG 20 P 1:18



MOORE	CR2E003 (4/04)
<b>4. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  WACHS, JEFFREY S ESQ 1177 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316
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<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**11. FILE NOW!!! Due by September 8, 2004!**  
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

<b>9. Capital Contributions as Shown on record.</b>	<b>\$5,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>
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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		
DOCUMENT #		
NAME	JACKSON, MARY L	
STREET ADDRESS	740 N.W. 207TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
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DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	3000040651393
CITY-ST-ZIP	08/31/04--01004--006 **150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** *Mary L. Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-18-04  
Date Daytime Phone #