


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -4 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A03000001777	
1. Entity Name JPSB LIMITED PARTNERSHIP	

Principal Place of Business 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487	Mailing Address 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487
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2. Principal Place of Business 8135 LAKE WORTH RD Suite, Apt. #, etc. SUITE B City & State LAKE WORTH FL Zip 33467 Country USA	3. Mailing Address 8135 LAKE WORTH RD Suite, Apt. #, etc. SUITE B City & State LAKE WORTH FL Zip 33467 Country USA
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02042005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3774687	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLMAN, NANCY B 150 EAST PALMETTO PARK ROAD, SUITE 750 BARITZ & COLMAN, LLP BOCA RATON, FL 33432	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 _____
Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date. \$100.00
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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	P03000115171 JPSB HOUSING CORP. 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487	STREET ADDRESS CITY-ST-ZIP	8135 LAKE WORTH RD-STE B LAKE WORTH FL 33467
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	4/22/05 561-357-0121 <small>Date Daytime Phone #</small>
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STAPLE CHECK HERE