


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

<b>DOCUMENT # A04000001334</b>	
1. Entity Name <b>JNM RIVER REACH, LTD.</b>	

FILED  
2005 APR 26 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01202005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>20-1519160</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>RAX CO. 50 N. LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	<b>P04000115916</b>	STREET ADDRESS	
NAME	<b>JNM RIVER REACH, INC.</b>	CITY-ST-ZIP	<b>000054342460</b> <b>05/12/05--01077--006 **141.25</b>
STREET ADDRESS	<b>432 OSCEOLA AVENUE</b>		
CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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:**  **3/31/05** **904-247-9160**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE