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

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SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A0400001506** 05 JUN -6 AM 9:51 JNR EXCURSIONS, LIMITED PARTNERSHIP Principal Place of Business Mailing Address 11298 DINSMORE DAIRY RD. 11298 DINSMORE DAIRY RD. JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 Chg-LP CR2E003 (10/03) 4. FEI Number City & State City & State Applied For <u>20-1679219</u> Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROSBY, RICK Street Address (P.O. Box Number is Not Acceptable) 11298 DINSMORE DAIRY RD. JACKSONVILLE, FL 32218 City Zip Code FL 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 10. Amount of Capital Contributions 🇳 \$2,000.00 ,000 in FLORIDA to date. as Shown on record. 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 fited to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # L04000067401 STREET ADDRESS JNR ACQUISITIONS, LLC NAME STREET ADDRESS 11298 DINSMORE DAIRY RD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32218 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP__ CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE: