


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -3 AM 8:54

DOCUMENT # A04000001507					
1. Entity Name JNR LAND DEVELOPMENT, LIMITED PARTNERSHIP					
Principal Place of Business 11298 DINSMORE DAIRY RD. JACKSONVILLE, FL 32218			Mailing Address 11298 DINSMORE DAIRY RD. JACKSONVILLE, FL 32218		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01312005 Chg-LP CR2E003 (10/03) 4. FEI Number 20-1679783 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROSBY, RICK 11298 DINSMORE DAIRY RD. JACKSONVILLE, FL 32218			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$30,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$30,000			
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 #	L04000067401		STREET ADDRESS		
NAME	JNR ACQUISITION, LLC		CITY-ST-ZIP		
STREET ADDRESS	11298 DINSMORE DAIRY RD.				
CITY-ST-ZIP	JACKSONVILLE, FL 32218				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	400056384614 06/21/05-01013-006 **298.75	
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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: <i>Richard Crosby</i>			Date 06/11/05 Daytime Phone # 1-904-608 6601		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER RICHARD CROSBY					

STAPLE CHECK HERE