


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A11350		
1. Entity Name JASON PARTNERS, LTD.		

FILED
04 AUG 16 PM 2:08
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business C/O NYC CHECK EXP. 660 LEXINGTON AVE. NEW YORK CITY NY 10022	Mailing Address C/O NYC CHECK EXP. 660 LEXINGTON AVE. NEW YORK CITY NY 10022
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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



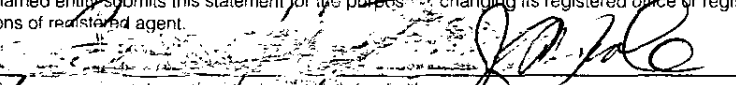
MOORE CR2E003 (11/03)

4. FEI Number 22-2373772	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FISCHER, REBECCA 4651 SHERIDAN STREET, SUITE 325 HOLLYWOOD FL 33021-3449

7. Name and Address of New Registered Agent	
Name Randy Mizrahi	
Street Address (P.O. Box Number is Not Acceptable) 148 GREENS ROAD	
City Hollywood	FL Zip Code 33021

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

9. Capital Contributions as Shown on record. \$130,560.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
NAME	MIZRAHI, RANDY	CITY-ST-ZIP	
STREET ADDRESS	148 GREENS RD		
CITY-ST-ZIP	HOLLYWOOD FL 33021		
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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	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Randy Mizrahi

Date

Daytime Phone #

5/1/04

954 989-0006