

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

DOCUMENT # A13835
 1. Entity Name
 JET AVIATION ASSOCIATES, LTD.



Principal Place of Business
 1515 PERIMETER RD
 PALM BEACH INT'L AIRPORT
 WEST PALM BEACH, FL 33406

Mailing Address
 1515 PERIMETER RD
 PALM BEACH INT'L AIRPORT
 WEST PALM BEACH, FL 33406

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07082004 Chg-LP CR2E003 (10/03) 7/19

4. FEI Number
 59-2246178

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GILLES RICHARD D.
 1515 PERIMETER RD
 PALM BEACH INT'L AIRPORT
 WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent
 Name Robert E. Hodge
 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 *Robert E. Hodge, Controller* DATE 7/9/04

9. Capital Contributions as Shown on record. \$1,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	652847	STREET ADDRESS	
NAME	JET AVIATION/PALM BEACH	CITY-ST-ZIP	
STREET ADDRESS	B-1515 W PALM BCH INTER.		
CITY-ST-ZIP	WEST PALM BCH, FL		
DOCUMENT #		STREET ADDRESS	400039865084
NAME		CITY-ST-ZIP	08/04/04--01030--010 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *Robert E. Hodge* DATE 7/9/04 (561) 233-7213

STAPLE CHECK HERE