


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

182

<b>DOCUMENT # A17306</b>		
1. Entity Name JONES WALKER PALM GARDENS ASSOCIATES, LTD.		

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TALLAHASSEE FLORIDA

MMH

Principal Place of Business 818 W BROOKS AVE NORTH LAS VEGAS, NV 89030	Mailing Address 818 W BROOKS AVE NORTH LAS VEGAS, NV 89030
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01062004 Chg-LP CR2E003 (10/03)

3/15

6. Name and Address of Current Registered Agent  DOTSON, GREEN 3700 LOWRY COURT TAMPA, FL 33610	
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4. FEI Number 59-2312972	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$65,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$65,000.00
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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 #		STREET ADDRESS	
NAME	BIRD, ALLAN S.	CITY-ST-ZIP	
STREET ADDRESS	818 W BROOKS AVE		
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		
DOCUMENT #	P22683	STREET ADDRESS	300027364263
NAME	MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.	CITY-ST-ZIP	01/21/04--01087--002 **150.00
STREET ADDRESS	818 W BROOKS AVE		
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		
DOCUMENT #		STREET ADDRESS	300027364263
NAME		CITY-ST-ZIP	03/22/04--01020--020 **376.25
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: Patricia M. Green 1/16/04 (702) 315-5196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

See Attached Signature Block

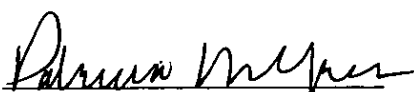
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**Signature Block:**

**Jones Walker Palm Gardens Associates, Ltd.,**  
a Georgia general partnership,

By: MYAL Partnership Management Services, Inc.,  
a California corporation, general partner

By:   
Patricia M. Green, Secretary