

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

182

DOCUMENT # A17306



1. Entity Name  
**JONES WALKER PALM GARDENS ASSOCIATES, LTD.**

04 MAR 15 PM 1:56

TALLAHASSEE FLORIDA

MJM

Principal Place of Business Mailing Address  
 818 W BROOKS AVE 818 W BROOKS AVE  
 NORTH LAS VEGAS, NV 89030 NORTH LAS VEGAS, NV 89030

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

01062004 Chg-LP CR2E003 (10/03)

3/15

4. FEI Number Applied For  
 59-2312972 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DOTSON, GREEN--**  
**3700 LOWRY COURT**  
**TAMPA, FL 33610**

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**

**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 **BIRD, ALLAN S.**  
 STREET ADDRESS **818 W BROOKS AVE**  
 CITY-ST-ZIP **NORTH LAS VEGAS, NV 89030**

STREET ADDRESS  
 CITY-ST-ZIP  
**300027364263**

DOCUMENT # **P22683**  
 NAME **MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.**  
 STREET ADDRESS **818 W BROOKS AVE**  
 CITY-ST-ZIP **NORTH LAS VEGAS, NV 89030**

STREET ADDRESS  
 CITY-ST-ZIP  
**01/21/04--01087--002 \*\*150.00**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP  
**300027364263**  
**03/22/04--01020--020 \*\*376.25**

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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. Myers* 1/16/04 (702) 315-5196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

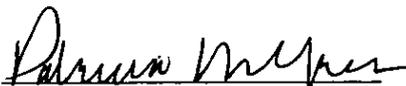
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**Signature Block:**

**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