


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 28 AM 9:34

<b>DOCUMENT # A17306</b>					
1. Entity Name JONES WALKER PALM GARDENS ASSOCIATES, LTD.					
Principal Place of Business 818 W BROOKS AVE NORTH LAS VEGAS, NV 89030			Mailing Address 818 W BROOKS AVE 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	4. FEI Number 59-2312972	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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 <u>Paula Putnam</u> Street Address (P.O. Box Number is Not Acceptable) <u>612 NW Second Street</u> City <u>Ocala</u> FL <u>34475</u>	
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 <u>Paula Putnam</u> DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>					
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		STREET ADDRESS		
	BIRD, ALLAN S.				
STREET ADDRESS	818 W BROOKS AVE		CITY-ST-ZIP		
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030				
DOCUMENT #	NAME		STREET ADDRESS		
	P22683 MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.				
STREET ADDRESS	818 W BROOKS AVE		CITY-ST-ZIP	900049885659	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030			04/05/05--01009--001 **\$35.00	
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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: <u>Paula Putnam</u>			MAR 22 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			(702) 315-5196		

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