2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

FILED Mar 23, 2005 08:00 AM **DOCUMENT # A24015** 1. Entity Name ZION JACKSONVILLE LIMITED PARTNERSHIP **Secretary of State** Principal Place of Business Mailing Address 4630 FIELDSTONE RD. 4630 FIELDSTONE RD. RIVERDALE, NY 10471 RIVERDALE, NY 10471 2. Principal Place of Business 3. Mailing Address Sulte, Apt #, etc. Suite, Apt. #, etc. 03172005 CR2E003 (10/63) City & State City & State 4. FEI Number Applied For 13-3382119 Not Applicable Zip Country Zíp Country \$8.75 Additional 6. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZION, ABRAHAM Street Address (P.O. Box Number is Not Acceptable) %ZION JACKSONVILLE LIMITED PARTNERSHIP 9469 EASTPORT ROAD JACKSONVILLE, FL 32218 City 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 Signature, typed or printed name of requisored agent and trie if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT# STREET ADDRESS NAME ZION, ABRAHAM STREET ADDRESS 4630 FIELDSTONE RD. CITY-ST-ZIP CITY-ST-ZIP RIVERDALE, NY HEIDHIED 73696 DOCUMENT# 03/23/05-80039-002 141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS GMY-ST- DP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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