2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A26409

1. Entity Name

M JACKSONVILLE PARTNERS LTD.

Principal Place of Business	Mailing Address
% MATHESON ENTERPRISE MANAGEMENT, INC 3898 SHIPPING AVENUE MIAMI FL 33146	% MATHESON ENTERPRISE MANAGEMENT, INC 3898 SHIPPING AVENUE MIAMI FL 33146

MOORE CR2E003 (11/03)

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 65-0056928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATHESON, FINLAY B. % MATHESON ENTERPRISE MANAGEMENT, INC. 3898 SHIPPING AVENUE MIAMI FL 33146	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. $1,986,130.00	10. Amount of Capital Contributions in FLORIDA to date. 1,985,590.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	MATHESON, FINLAY B.		
STREET ADDRESS	3898 SHIPPING AVENUE	CITY-ST-ZIP	000000103729 04/05/04--80068--006 526.25
CITY-ST-ZIP	MIAMI FL 33146		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: [signature] Feb. 18/04 (305) 443-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #