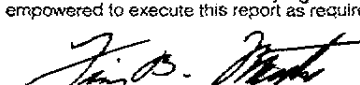


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

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

DOCUMENT # A26409					
1. Entity Name M JACKSONVILLE PARTNERS LTD.					
Principal Place of Business % MATHESON ENTERPRISE MANAGEMENT, INC 3898 SHIPPING AVENUE MIAMI FL 33146			Mailing Address % MATHESON ENTERPRISE MANAGEMENT, INC 3898 SHIPPING AVENUE MIAMI FL 33146		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 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 MATHESON, FINLAY B. % MATHESON ENTERPRISE MANAGEMENT, INC. 3898 SHIPPING AVENUE MIAMI FL 33146				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. \$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 #	NAME		STREET ADDRESS		
NAME	MATHESON, FINLAY B.		CITY - ST - ZIP		
STREET ADDRESS	3898 SHIPPING AVENUE				
CITY - ST - ZIP	MIAMI FL 33146				
DOCUMENT #	NAME		STREET ADDRESS		
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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)(b), 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: 			Date: Feb. 18/04 (305) 443-4256		



MOORE CR2E003 (11/03)

STAPLE CHECK HERE