


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

**FILED
Jul 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # A26551
1. Entity Name
OLIVER-JACKSONVILLE ASSOCIATES, LTD.



Principal Place of Business: 241 CO RD. 486, MINTER, AL 36761
Mailing Address: 241 CO RD. 486, MINTER, AL 36761

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



07152004 Chg-LP CR2E003 (10/03)
4. FEI Number: **62-1378010** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**POPE, WILLIAM A
1708 OLD HIGHWAY 98
DESTIN, FL 32541**

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 date if applicable

9. Capital Contributions as Shown on record: **\$100.00**
10. Amount of Capital Contributions in FLORIDA to date: _____
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 | |
| | OLIVER, HOWARD C. | | |
| STREET ADDRESS | 241 CO RD. 486 | CITY-ST-ZIP | |
| CITY-ST-ZIP | MINTER, AL 36761 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | OWENS, PAUL D. | | |
| STREET ADDRESS | LEIGH PLACE | CITY-ST-ZIP | |
| CITY-ST-ZIP | BREWTON, AL 36427 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
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| DOCUMENT # | NAME | STREET ADDRESS | |
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| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |

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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)(d), 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]* DATE: **7/19/04** DAYTIME PHONE #: **3348725079**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER