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

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SIGNATURE:

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # A29816 1. Entity Name JACKSONVILLE INTERNATIONAL AIRPORT ROAD ASSOCIATES, LTD. Principal Place of Business Mailing Address 3111 FORTUNE WAY, B-18 WEST PALM BEACH FL 33414 3111 FORTUNE WAY, B-18 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0180909 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAPIRO, STEVEN Street Address (P.O. Box Number is Not Acceptable) 3111 FORTUNE WAY, B-18 WEST PALM BEACH FL 33414 Zip Code City 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 registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,960,000.00 in FLORIDA to date as Shown on record. 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 ADDRESS CHANGES ONLY G01270900211 DOCUMENT # STREET ADDRESS KSP/JACKSONVILLE LAND PARTNERS, A FL J.V. NAME STREET ADDRESS 3111 FORTUNE WAY, B-18 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 U00000158713 DOCUMENT # 05/06/04-80003-020 526.25 STREET ADDRESS NAME STREET ADDRESS CXXV-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NARAF STREET ADDRESS CITY-ST-ZIP 817-31-38P DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET AGDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUTY+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 eath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this peport as required by Chapter 620, Florida Statutes

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