


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A29816 1. Entity Name JACKSONVILLE INTERNATIONAL AIRPORT ROAD ASSOCIATES, LTD.					
Principal Place of Business 3111 FORTUNE WAY, B-18 WEST PALM BEACH FL 33414			Mailing Address 3111 FORTUNE WAY, B-18 WEST PALM BEACH FL 33414		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0180909	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAPIRO, STEVEN 3111 FORTUNE WAY, B-18 WEST PALM BEACH FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$1,960,000.00		10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	G01270900211		STREET ADDRESS		
NAME	KSP/JACKSONVILLE LAND PARTNERS, A FL J.V.		CITY- ST- ZIP		
STREET ADDRESS	3111 FORTUNE WAY, B-18		000000365535 05/11/05-80005-012 526.25		
CITY- ST- ZIP	WEST PALM BEACH FL 33414		STREET ADDRESS		
NAME			CITY- ST- ZIP		
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CITY- ST- ZIP			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)(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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

4/29/05

(561) 793-5855