

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A33356</b> 1. Entity Name <b>IMAGES OF JACKSONVILLE LIMITED PARTNERSHIP</b>				 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FEB 13 PM 4:11	
Principal Place of Business 5791 UNIVERSITY CLUB N. JACKSONVILLE, FL 32277		Mailing Address 5791 UNIVERSITY CLUB BLVD. N. JACKSONVILLE, FL 32277 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01242004 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number <b>59-3139252</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARTIN, SONNY</b> <b>4345 SOUTHPOINT BLVD., SUITE 100</b> <b>JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name <b>MARTIN, SONNY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4887 BELFORT ROAD, SUITE 201</b> City <b>JACKSONVILLE</b> FL <b>32256</b>		
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 <b>2/17/04</b>					
9. Capital Contributions as Shown on record. <b>\$1,093,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000072974		STREET ADDRESS		
NAME	STEP MANAGEMENT CORP.		CITY-ST-ZIP		
STREET ADDRESS	5791 UNIVERSITY CLUB BLVD. NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP		
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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: **SERGE GHATTAS, STEP MANAGEMENT CORP**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-26-04 904 743 6806  
 Date Daytime Phone #