


2005 LIMITED PARTNERSHIP ANNUAL REPORT*
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001240	
1. Entity Name TIMES SQUARE SHOPPING CENTER OF JACKSONVILLE BEACH, LTD.	

Principal Place of Business 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250	Mailing Address 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01202005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3274982	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCGARVEY, JAMES N JR. 2453 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250

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, \$601,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P94000062716	STREET ADDRESS	
NAME	J.N.M. TIMES SQUARE, INC.	CITY-ST-ZIP	
STREET ADDRESS	432 OSCEOLA AVE.		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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)(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: 
JAMES N. MCGARVEY, JR. GENERAL PARTNER
03/31/05 904-247-8160