


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

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001779</b>	
1. Entity Name <b>JACK AND BEVERLY CIRCLE FAMILY LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>3000 S. OCEAN BLVD., APT 1406 BOCA RATON FL 33432</b>	Mailing Address <b>3000 S. OCEAN BLVD., APT 1406 BOCA RATON FL 33432</b>
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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



MOORE CR2E003 (11/03)

4. FEI Number <b>65-0551873</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CIRCLE, JACK 3000 S. OCEAN BLVD., APT 1406 BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 <b>\$294,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 294,000.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	<b>CIRCLE, JACK</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>3000 S. OCEAN BLVD., APT 1406</b>		
CITY - ST - ZIP	<b>BOCA RATON FL 33432</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>CIRCLE, BEVERLY</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>3000 S. OCEAN BLVD., APT 1406</b>		
CITY - ST - ZIP	<b>BOCA RATON FL 33432</b>		
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CITY - ST - ZIP			

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04/29/04-80003-022 526.25

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:**  **JACK CIRCLE** **4-7-04** **561-392-2176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE