

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

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

<b>DOCUMENT # A95000000275</b> 1. Entity Name <b>JEBKOR, LTD.</b>					
Principal Place of Business <b>C/O RBF INVESTMENTS, INC.          10 EDGEWATER DRIVE, #16-C          CORAL GABLES, FL 33133</b>			Mailing Address <b>C/O RBF INVESTMENTS, INC.          10 EDGEWATER DRIVE, #16-C          CORAL GABLES, FL 33133</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0561871</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>RENEE B. FINK          10 EDGEWATER DRIVE, #16-C          CORAL GABLES, FL 33133</b>			<b>7. Name and Address of New Registered Agent</b> 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.			Applied For Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE _____		
9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$2,115,000.00</b>		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P95000011075		STREET ADDRESS		
NAME	RBF INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	10 EDGEWATER DRIVE, #16-C				
CITY-ST-ZIP	CORAL GABLES, FL 33133				
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STREET ADDRESS					
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
<b>SIGNATURE:</b> <i>Renée Fink</i> <b>RENÉE FINK</b>			4/22/05 305-668-0561		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE