2004 LIMITED PARTN_ _SHIP ANNUAL REPORT
Due By May 1, 2004

FILED
2004 JUL -6 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001874

1. Entity Name
SAN JOSE ASSOCIATES, LTD.

Principal Place of Business
6320-7 ST. AUGUSTINE RD.
STE. 7
JACKSONVILLE, FL 32217

Mailing Address
6320-7 ST. AUGUSTINE RD.
STE. 7
JACKSONVILLE, FL 32217

01062004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 56-1951674 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, GENEVA P
6320-7 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32217

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 1-19-04

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$210,000.00	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 #	P95000092667	STREET ADDRESS	
NAME	SAN JOSE ASSOCIATES OF JACKSONVILLE, INC.		
STREET ADDRESS	% 4530 PARK RD., SUITE 300	CITY-ST-ZIP	800027375698
CITY-ST-ZIP	CHARLOTTE, NC 28209		
DOCUMENT #		STREET ADDRESS	800027375698
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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: ________ 1-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #