

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

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000386	
1. Entity Name JANCLARK, LTD.	

Principal Place of Business 321 INDIAN HARBOR RD. VERO BEACH FL 32963	Mailing Address 321 INDIAN HARBOR RD. VERO BEACH FL 32963
---	---

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)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAUGHERTY, ALFRED C 321 INDIAN HARBOR ROAD VERO BEACH FL 32963		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

4. FEI Number 65-0646729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. \$644,085.57	10. Amount of Capital Contributions in FLORIDA to date. \$644,085.57	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

**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 #	NAME	STREET ADDRESS	
	DAUGHERTY, ALFRED C		
STREET ADDRESS	321 INDIAN HARBOR ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	VERO BEACH FL 32963		
DOCUMENT #	NAME	STREET ADDRESS	
	DAUGHERTY, JANET E		
STREET ADDRESS	321 INDIAN HARBOR ROAD		
CITY-ST-ZIP	VERO BEACH FL 32963		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			

U00000082769
03/10/04-80010-013 526.25

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: Alfred C. Daugherty **ALFRED C. DAUGHERTY** 2-19-04 772-231-1276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #