



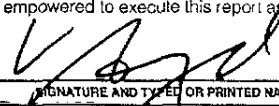
2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

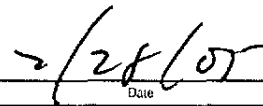
DOCUMENT # A96000000636					
1. Entity Name JPC PARTNERS, LTD.					
Principal Place of Business 2300 GLADES RD. SUITE 100 E BOCA RATON, FL 33431			Mailing Address 2300 GLADES RD. SUITE 100 E BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GREENFIELD, WILLIAM 2300 GLADES ROAD SUITE 100 E BOCA RATON, FL 33431				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,500,000.00			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 # P96000014391	NAME JPC EQUITY CORP.		STREET ADDRESS		
STREET ADDRESS 2300 GLADES ROAD, SUITE 100 E	CITY - ST - ZIP BOCA RATON, FL 33431		CITY - ST - ZIP		
DOCUMENT # —	NAME —		STREET ADDRESS		
STREET ADDRESS —	CITY - ST - ZIP —		CITY - ST - ZIP	U000000367191 05/16/05-80025-009 526.25	
DOCUMENT # —	NAME —		STREET ADDRESS		
STREET ADDRESS —	CITY - ST - ZIP —		CITY - ST - ZIP		
DOCUMENT # —	NAME —		STREET ADDRESS		
STREET ADDRESS —	CITY - ST - ZIP —		CITY - ST - ZIP		
DOCUMENT # —	NAME —		STREET ADDRESS		
STREET ADDRESS —	CITY - ST - ZIP —		CITY - ST - ZIP		

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)(f), 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: 

William R. Greenfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

 **561-392-6662**
Date Daytime Phone #