


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

APPROVED
AND
FILED

04 MAY 10 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001782	
1. Entity Name JACKSONVILLE MARKET PLACE, LTD.	

Principal Place of Business 614 PECAN PARK RD. JACKSONVILLE FL 32218	Mailing Address 4419 HARBOR ISLAND DRIVE JACKSONVILLE FL 32225
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 821 Queens Harbour Blvd. Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32225	Country USA

4. FEI Number 59-2579722	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BORNS, LAWRENCE W 412 N. HALIFAX AVENUE DAYTONA BEACH FL 32118	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$536,736.00	10. Amount of Capital Contributions in FLORIDA to date. \$536,736.	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 #	P95000007835	STREET ADDRESS	
NAME	F.J. MANAGEMENT CORPORATION		
STREET ADDRESS	4419 HARBOR ISLAND DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL 32225		
DOCUMENT #		STREET ADDRESS	500037436845
NAME			06/01/04-01014-011 **526.25
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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NAME			
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

SIGNATURE: 	5/1/04	904 751 6770
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE