

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

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000866</b>					
<b>1. Entity Name</b> JACKSONVILLE CENTER FOR CLINICAL RESEARCH, LTD.					
<b>Principal Place of Business</b> 4085 UNIVERSITY BOULEVARD, SOUTH, STE 1 JACKSONVILLE, FL 32216			<b>Mailing Address</b> 4085 UNIVERSITY BOULEVARD, SOUTH, STE 1 JACKSONVILLE, FL 32216		
<b>2. Principal Place of Business</b> Suite, Apt #, etc.			<b>3. Mailing Address</b> Suite, Apt #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 59-3442008	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  KOREN, MICHAEL J 4085 UNIVERSITY BOULEVARD, SOUTH SUITE 1 JACKSONVILLE, FL 32216			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions as Shown on record</b> - \$213,175.00					
<b>10. Amount of Capital Contributions in FLORIDA to date.</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>		
<b>DOCUMENT #</b> P97000034589 <b>NAME</b> JCCR GENERAL, INC. <b>STREET ADDRESS</b> 4085 UNIVERSITY BOULEVARD, SOUTH STE 1 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">2/8/2005</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

STAPLE CHECK HERE