


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 17 PM 1:32

SEC. OF STATE
 TALLAHASSEE, FLORIDA

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| DOCUMENT # A97000000968 | |  |
| 1. Entity Name JCE FAMILY PARTNERSHIP, LTD. | | |

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| Principal Place of Business P.O. BOX 1685 NEW SMYRNA BEACH, FL 32170-1685 | Mailing Address P.O. BOX 1685 NEW SMYRNA BEACH, FL 32170-1685 |
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| 2. Principal Place of Business <i>504 1/2 N. RIVERSIDE DR</i> | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip <i>32168</i> | Country |



04302004 Chg-LP CR2E003 (10/03) *5/17*

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| 4. FEI Number 52-2040503 | Applied for Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent EVANS, JERRY C 504 N. RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| 9. Capital Contributions as Shown on record: \$10,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 # | NAME | STREET ADDRESS | |
| | STREET ADDRESS | CITY-ST-ZIP | |
| | CITY-ST-ZIP | | |
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| | STREET ADDRESS | CITY-ST-ZIP | |
| | CITY-ST-ZIP | | |

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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

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|----------------------------------|----------------------|
| SIGNATURE: <i>Jerry C. Evans</i> | Date: <i>5/12/04</i> |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JERRY C. EVANS