


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

DOCUMENT # A97000001557 1. Entity Name JOE'S CREEK INDUSTRIAL PARK, LTD.	
---	---

Principal Place of Business 3093 46TH AVENUE NORTH ST. PETERSBURG FL 33714	Mailing Address % JEROME FLEEMAN 33 E. DILIDO DRIVE MIAMI BEACH FL 33139
---	---

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



MOORE CR2E003 (11/03)

4. FEI Number 59-2804122	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEEMAN, JEROME 33 E. DILIDO DRIVE MIAMI BEACH FL 33139	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
------------------	-------------

9. Capital Contributions as Shown on record.	\$7,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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 # P97000015372 NAME JOE'S CREEK INDUSTRIAL PARK MANAGEMENT, INC STREET ADDRESS % 33 E. DILIDO DRIVE CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS 3093 46 th Avenue North CITY-ST-ZIP St. Petersburg, FL. 33714
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	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: <i>Jerome Fleeman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	JEROME FLEEMAN Date Daytime Phone #
--	---

STAPLE CHECK HERE

Handwritten signature/initials