

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

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001812</b>					
<b>1. Entity Name</b> JACKSONVILLE CONCOURSE, LTD.					
<b>Principal Place of Business</b> 300 SE 2ND STREET FT LAUDERDALE, FL 33301			<b>Mailing Address</b> 300 SE 2ND STREET FT LAUDERDALE, FL 33301		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005    Chg-LP    CR2E003 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-0775653	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
JONES, PATRICIA 300 SE 2ND STREET FT LAUDERDALE, FL 33301				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$2,617,590.67			<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 31,239,065.53		
<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>	
DOCUMENT #	G97191900051			STREET ADDRESS	
NAME	JACKSONVILLE CONCOURSE ASSOCIATES			CITY-ST-ZIP	
STREET ADDRESS	300 SE 2ND STREET				
CITY-ST-ZIP	FT LAUDERDALE, FL 33301				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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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)(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</b>					
<b>SIGNATURE:</b> <i>Patricia A. Jones</i> 4/25/05    954/627-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #</small>					

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