


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001867</b>					
1. Entity Name <b>JMM REAL ESTATE HOLDINGS, LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>11808 GREYSTONE DRIVE BOCA RATON, FL 33428</b>			Mailing Address <b>C/O JMM REAL ESTATE HOLDINGS, INC. 11808 GREYSTONE DRIVE BOCA RATON, FL 33428</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0793539</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JMM REAL ESTATE HOLDINGS, INC. 11808 GREYSTONE DRIVE BOCA RATON, FL 33428</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$366,729.68</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>7500.00</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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000074633		STREET ADDRESS		
NAME	JMM REAL ESTATE HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	11808 GREYSTONE DRIVE				
CITY-ST-ZIP	BOCA RATON, FL 33428				
DOCUMENT #			STREET ADDRESS	0000000119629	
NAME			CITY-ST-ZIP	04/20/04-80001-002 141.25	
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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: _____			JAMES F. MURRAY 4/9/04 561 482-4864		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE