

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 17 PM 12:47

DOCUMENT # A97000001895 1. Entity Name MEDLOCK INVESTMENTS LIMITED PARTNERSHIP		
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Principal Place of Business 2326 S. CONGRESS AVE. #1D WEST PALM BEACH, FL 33406	Mailing Address 2326 S. CONGRESS AVE. #1D WEST PALM BEACH, FL 33406
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01202004 Chg-LP CR2E003 (10/03)

4. FEI Number 91-1899236	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEDLOCK, JAMES W 4200 NORTH OCEAN DRIVE, #1801-2 RIVIERA BEACH, FL 33404	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 103 ESPERANZA WAY City PALM BEACH GARDENS FL Zip Code 33418
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>2/2/04</i>

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date. 99.00
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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 CITY-ST-ZIP	G9724590065 THE JWM TRUST 4200 NORTH OCEAN DRIVE, #1801-2 SINGER ISLAND, FL 33404	STREET ADDRESS CITY-ST-ZIP	103 ESPERANZA WAY PALM BEACH GARDENS FL 33418
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600029799736 03/03/04 01030-022 **141.25
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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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE <i>2/2/04</i> Daytime Phone #

STAPLE CHECK HERE