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

## Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # A98000000798 JACKSONVILLE CONCOURSE II. LTD. 8917 WESTERN WAY, SUITE 6 8917 WESTERN WAY, SUITE 6 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business 3. Mailing Adgress Suite Apt #, etc. Suite Apt. #. etc. 04272004 CR2E003 (10/03) Chg-LP City & State 4, FEI Number Applied For City & State 65-0822695 Not Applicable Country 7m Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUKE, BRYAN W C/O STILES CORPORATION 6400 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309 8. The above named entity supmits 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 invoca or printed name of registured agent and tiric it applicable \$1,046,380.05 10. 9. \$2,539,540.00 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. 13. G97191900051 DOCUMENT # STREET ACORESS NAME JACKSONVILLE CONCOURSE ASSOCIATES II STREET ADDRESS 8917 WESTERN WAY, SUITE 6 CITY -ST-ZIE 000000157863 CITY ST-ZIP JACKSONVILLE, FL 32256 05, 06/04-80045-020-526, 25 DOCUMENT **₹** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS. NAME STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CUY-SI-ZIP CITY - ST - ZIP DOCUMENT = STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY - ST - ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS

**FILED** 

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes if 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 path, that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes

OUTY - ST- 7IP

CITY - ST - ZIP

SIGNATURE: