


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

**DOCUMENT # A98000001211**

1. Entity Name  
JRC RICKETTS, LTD.



FILED

2005 APR -6 PM 4:34

DIVISION 3, CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3920 W. WATROUS AVENUE  
TAMPA, FL 33629

Mailing Address  
5 TIMBER LANE  
POQUOSON, VA 23662



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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01172005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3510746

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
RICKETTS, CHESTER E  
3920 W. WATROUS AVENUE  
TAMPA, FL 33629

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$526.25

**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 #	RICKETTS, JEAN S	STREET ADDRESS	4415 SWANN CIRCLE
NAME	4902 BAYSIDE BLVD., #914	CITY-ST-ZIP	TAMPA, FL 33609
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	RICKETTS, RODNEY H	STREET ADDRESS	
NAME	5 TIMBER LANE	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	RICKETTS, JILL E	STREET ADDRESS	700051616107
NAME	4415 SWANN CIRCLE	CITY-ST-ZIP	04/22/05--01010--023 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	RICKETTS, CHESTER E	STREET ADDRESS	
NAME	3920 WEST WATROUS	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Ricketts RODNEY H RICKETTS 4/3/05 757-064-1209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #