

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 FEB -3 PM 1:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJ

DOCUMENT # A98000001252

1. Entity Name
JAGS OF SARASOTA, LTD.



Principal Place of Business Mailing Address
1-SOUTH SCHOOL AVE., STE. #1000 1-SOUTH SCHOOL AVE., STE. #1000
SARASOTA, FL 34237 SARASOTA, FL 34237

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



01052004 Chg-LP CR2E003 (10/03) 2/3

4. FEI Number 65-0835935
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATZKIN, STEVEN R
1 SOUTH SCHOOL AVE., STE. #1000
SARASOTA, FL 34237-6046

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. \$1,617,000.00
10. Amount of Capital Contributions in FLORIDA to date.

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 # P98000044861
NAME JAGS-AIR, INC.
STREET ADDRESS 1 SOUTH SCHOOL AVE., STE. #1000
CITY-ST-ZIP SARASOTA, FL 342376046

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME MATZKIN, STEVEN DR
STREET ADDRESS 1 SOUTH SCHOOL AVE., STE. #1000
CITY-ST-ZIP SARASOTA, FL 34237

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME VICK, MAURICE DR
STREET ADDRESS P.O. BOX 6119
CITY-ST-ZIP SARASOTA, FL 34278

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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: *S R Matzke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE