


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001999	
1. Entity Name JACK'S SHOPPING CENTER, LTD.	

Principal Place of Business 5446 NORTH BAY ROAD MIAMI BEACH FL 33140	Mailing Address P.O. BOX 402097 MIAMI BEACH FL 33140-2097
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0859759	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GLOTTMANN, SAUL 5446 NORTH BAY ROAD MIAMI BEACH FL 33140	
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 Signature, typed or printed name of registered agent and title if applicable	DATE
9. Capital Contributions as Shown on record. \$3,168.00	10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # P98000074456	NAME JACK'S SHOPPING CENTER & PLAZA LINDA I COR	STREET ADDRESS	
STREET ADDRESS PO BOX 402097		CITY-ST-ZIP	
CITY-ST-ZIP MIAMI BEACH FL 33140			
DOCUMENT #	NAME	STREET ADDRESS	
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05/05/05-00141-009-141.25

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:  BY JACK GLOTTMANN-POA 4-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE