Daytime Phone #

## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

STAPLE CHECK HERE

SIGNATURE:

	*	DUE BY MA	AY 1, 2004	•,			(4)		
DOCUMENT # A9800002272  1. Entity Name						SECRETARY OF CORE	STATE ORATIONS		
THE BEAR ON JOG, LTD.						OL APR 19 P	H 2: 13		
Principal Place of Business Mailing Address					<u> </u>	J-10-11			
8895 N. MILITARY TRAIL SUITE E-201 PALM BEACH GARDENS FL 33410  8895 N. MILITARY TRA SUITE E-201 PALM BEACH GARDEN					33410		: 84111 8828 1919 11911 18818 18818 1 81 1881		
2. Principal P	tace of Busin	ess	3. Mailing Address						
600 San	dtree D	rive .	600 Sandtree	Drive	1		80    80   <del> </del>		
Suite, Apt. #, etc. #109  City & State Palm Beach Gardens, Florida Zip Country			Suite, Apt. #, etc. #109			MOORE CF	R2E003 (11/03)		
•		dena Florida	City & State	rdono	Florido	4. FEI Number 65-0869621	Applied For		
			Palm Beach Gardens Zip Count		· · · · · · · · · · · · · · · · · · ·	\$2.75 Additional			
33403		UŚA	33403	1	USA	5. Certificate of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent  MCDONALD, DONNA					7. Name and Address of New Registered Agent Name				
					Donna McDonald Street Address (P.O. Box Number is Not Acceptable)				
8895 N. MILITARY TRAIL SUITE E-201 PALM BEACH GARDENS FL 33410					c/o Capi	tal Realty Advisors,	al Realty Advisors, Inc.		
					600 Sandtree Drive, Suite 109				
					Palm Beach Gardens FL Zip Code 33403				
			the purpose of changing it	s register		ered agent, or both, in the State of Florid	la. I am familiar with, and accept		
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable.							3-12-04 DATE		
9. Capital Contributions as Shown on record.  \$10,000.00  10. Amount of Capital in FLORIDA to date					tributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE.  SEE REVERSE SIDE FOR FEE INFORMATION				
						STERED AND ACTIVE WITH THIS			
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY				
DOCUMENT #					REET ADDRESS				
NAME STREET ADDRESS									
CITY-ST-ZIP	DELRAY BEACH FL 33483			CITY	-ST-ZIP 000035820120				
DOCUMENT #				STAI	EET ADDRESS	05/10/0401071018 **158.75			
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER