


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

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002668</b>			
1. Entity Name A.R.K. & SON INVESTMENTS, LTD.			
Principal Place of Business 4735 ORTEGA BLVD. JACKSONVILLE, FL 32210		Mailing Address ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3545318		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 FISHER, MICHAEL W ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$2,256,326.73		10. Amount of Capital Contributions in FLORIDA to date. 2,256,326.73	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000100834	STREET ADDRESS	
NAME	A.R.K. & SON INVESTMENTS G.P., INC.	CITY-ST-ZIP	
STREET ADDRESS	4735 ORTEGA BLVD.		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: <i>Ross T. Krueger</i>		Date: 4-26-04 Daytime Phone #: 904 3874424	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

STAPLE CHECK HERE