


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000616		
1. Entity Name CAPITAL GROWTH OF JACKSONVILLE, LTD.		

Principal Place of Business 301 W. BAY ST., SUITE 300 JACKSONVILLE, FL 32202	Mailing Address 301 W. BAY ST., SUITE 300 JACKSONVILLE, FL 32202
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2. Principal Place of Business 301 W. BAY ST. Suite, Apt. #, etc. 210 City & State JACKSONVILLE Zip 32202 Country USA	3. Mailing Address 301 W. BAY ST. Suite, Apt. #, etc. 210 City & State JACKSONVILLE Zip 32202 Country USA
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03302004 Chg-LP CR2E003 (10/03)

4. FEI Number 06-1542040	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500036279605 05/14/04--01003--016 **526.25 City FL Zip Code
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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
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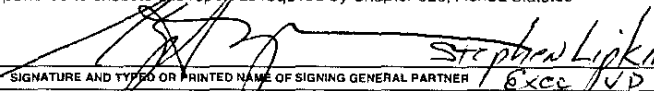
9. Capital Contributions as Shown on record: \$3,747,696.79	10. Amount of Capital Contributions in FLORIDA to date:
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M02000001829 PEARL JACKSONVILLE (GP), LLC 15 VALLEY DRIVE, SUITE 300 GREENWICH, CT 06831	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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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:		4/15/04	2036295333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #