


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000956

1. Entity Name
J.A.S.F. LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
4424 WEST BAY COURT AVENUE **4424 WEST BAY COURT AVENUE**
TAMPA, FL 33611 **TAMPA, FL 33611**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04202004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-3586009 Not Applicable

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

6. Name and Address of Current Registered Agent

FINAN, JOSEPH A
4424 WEST BAY COURT AVENUE
TAMPA, FL 33611

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 _____
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$990,000.00 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 # NAME STREET ADDRESS CITY - ST - ZIP	P99000048679 J.A.S.F. INC. 4424 WEST BAY COURT AVENUE TAMPA, FL 33611	STREET ADDRESS 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: *Joseph A. Finan Pres* **Joseph A. Finan Pres** 4/27/04 884-0883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #