


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

<b>DOCUMENT # A99000001256</b>	
1. Entity Name JNM MANAGEMENT GROUP, LTD.	

FILED  
04 AUG -2 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 10155 COLLINS AVE. #1602 BAL HARBOUR, FL 33140	Mailing Address 10155 COLLINS AVE. #1602 BAL HARBOUR, FL 33140
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06082004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0924302	Applied For <input type="checkbox"/> 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  SHAPOVALOV, INNA 16300 NE 19TH AVE., SUITE 250 NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$542,000.00	10. Amount of Capital Contributions in FLORIDA to date. 542,000.00
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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 #	ORIK, MICHAEL	STREET ADDRESS	
NAME	10155 COLLINS AVE, #1602	CITY-ST-ZIP	
STREET ADDRESS	BAL HARBOUR, FL 33140		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

100033949191  
08/06/04--01040--010 \*\*\$26.25

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:  7/1/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #