

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B00000000124</b>			
1. Entity Name <b>JJJ &amp; T FAMILY LIMITED PARTNERSHIP, L.P.</b>			
Principal Place of Business <b>8210 BAHIA BLANCA STREET JACKSONVILLE FL 32256</b>		Mailing Address <b>8210 BAHIA BLANCA STREET JACKSONVILLE FL 32256</b>	
2. Principal Place of Business  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>DAVIS, JERRY W 8210 BAHIA BLANCA STREET JACKSONVILLE FL 32256</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$20,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date	

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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 #	<b>F98000002966</b>	STREET ADDRESS	
NAME	<b>BULL GATOR, INC.</b>	CITY- ST- ZIP	
STREET ADDRESS	<b>201 NORTH PINE STREET</b>		
CITY- ST- ZIP	<b>SEAFORD DE 19973</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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NAME		CITY- ST- ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*[Handwritten Signature]*  
**2/24/05**  
**904 641-3727**