

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

**FILED**


04 AUG -2 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



07292004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # B01000000409</b>					
1. Entity Name JACKSONVILLE ENCLAVE APARTMENTS, L.P.					
Principal Place of Business 10255 RICHMOND, SUITE 300 HOUSTON, TX 77042			Mailing Address 10255 RICHMOND, SUITE 300 HOUSTON, TX 77042		
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303				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 _____					
9. Capital Contributions as Shown on record \$4,950.00			10. Amount of Capital Contributions in FLORIDA to date. 0		
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 #	M01000002669		STREET / ADDRESS	000039950650	
NAME	BOMASADA JACKSONVILLE, LLC		CITY - ST - ZIP	08/06/04--01047--013 **541.25	
STREET ADDRESS	10255 RICHMOND, SUITE 300		STREET / ADDRESS	000039950650	
CITY - ST - ZIP	HOUSTON, TX 77042		CITY - ST - ZIP	08/06/04--01047--014 **541.25	
DOCUMENT #			STREET / ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET / ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET / ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET / ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET / ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET / ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

STAPLE CHECK HERE

SIGNATURE: BY: *John Gilbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John Gilbert, VP

7/29/04

Date

Daytime Phone #

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