


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # B02000000158	
1. Entity Name JUBILEE (DE) LIMITED PARTNERSHIP	

Principal Place of Business 1800 MOLER ROAD COLUMBUS OH 43207-4	Mailing Address 1800 MOLER ROAD COLUMBUS OH 43207-4
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 31-1382356	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	7. Name and Address of New Registered Agent
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
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.
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SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE
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9. Capital Contributions as Shown on record. \$2,100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # F02000002353	STREET ADDRESS
NAME SCHOTTENSTEIN PROFESSIONAL ASSET MGMT CORP	CITY - ST - ZIP
STREET ADDRESS 1800 MOLER ROAD	
CITY - ST - ZIP COLUMBUS OH 43207-4	

DOCUMENT #	STREET ADDRESS	CITY - ST - ZIP
NAME		
STREET ADDRESS		
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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
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SIGNATURE:  VP 4/19/04	DATE	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE