

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 MAR -9 PM 1:53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



01102004 Chg-LP CH2E003 (10/03)

|   |                           |   |   |                           |  |
|---|---------------------------|---|---|---------------------------|--|
| <b>DOCUMENT # B03000000397</b><br>1. Entity Name<br>JIK COLONNADES, LLLP, LIMITED PARTNERSHIP   |                           |   |   |                           |  |
| Principal Place of Business<br>7900 MIAMI LAKES DR. WEST<br>MIAMI LAKES, FL 33016-5897  |                           |   | Mailing Address<br>7900 MIAMI LAKES DR. WEST<br>MIAMI LAKES, FL 33016-5897  |                           |  |
| 2. Principal Place of Business  |                           | 3. Mailing Address  |   |                           |  |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.   |   |                           |  |
| City & State  |                           | City & State  |   |                           |  |
| Zip   | Country                   | Zip   | Country   |                           |  |
| 6. Name and Address of Current Registered Agent   |                           |   | 7. Name and Address of New Registered Agent   |                           |  |
| JIK COLONNADES GP, INC.<br>7900 MIAMI LAKES DR. WEST<br>MIAMI LAKES, FL 33016-5897  |                           |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                           |   |   |                           |  |
| 9. Capital Contributions as Shown on record. <b>\$5,970,000.00</b>  |                           | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$5,970,000.00</b> |   |                           |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                           |   |   |                           |  |
| 12. GENERAL PARTNER INFORMATION   |                           |   | 13. ADDRESS CHANGES ONLY  |                           |  |
| DOCUMENT #  | P03000128919              |   | STREET ADDRESS  |                           |  |
| NAME  | JIK COLONNADES GP, INC. ✓ |   | CITY-ST-ZIP   | 000000001981              |  |
| STREET ADDRESS  | 7900 MIAMI LAKES DR. WEST |   | CITY-ST-ZIP   | 03/03/04-80008-020 526.25 |  |
| CITY-ST-ZIP   | MIAMI LAKES, FL 330165897 |   | STREET ADDRESS  |                           |  |
| DOCUMENT #  |                           |   | CITY-ST-ZIP   |                           |  |
| NAME  |                           |   | STREET ADDRESS  |                           |  |
| STREET ADDRESS  |                           |   | CITY-ST-ZIP   |                           |  |
| CITY-ST-ZIP   |                           |   | STREET ADDRESS  |                           |  |
| DOCUMENT #  |                           |   | CITY-ST-ZIP   |                           |  |
| NAME  |                           |   | STREET ADDRESS  |                           |  |
| STREET ADDRESS  |                           |   | CITY-ST-ZIP   |                           |  |
| CITY-ST-ZIP   |                           |   | STREET ADDRESS  |                           |  |
| DOCUMENT #  |                           |   | CITY-ST-ZIP   |                           |  |
| NAME  |                           |   | STREET ADDRESS  |                           |  |
| STREET ADDRESS  |                           |   | CITY-ST-ZIP   |                           |  |
| CITY-ST-ZIP   |                           |   | STREET ADDRESS  |                           |  |
| 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 |                           |   |   |                           |  |
| <b>SIGNATURE:</b>   |                           |   | 02/18/2004 <span style="float: right;">305-364-4106</span>  |                           |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small><br><b>THOMAS BARTELMO, PRESIDENT</b>  |                           |   |   |                           |  |

STAPLE CHECK HERE