

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # B93000000563

1. Entity Name
JB PLAZA LIMITED PARTNERSHIP



Principal Place of Business
280 DAINES STREET, SUITE 300
BIRMINGHAM, MI 48009

Mailing Address
280 DAINES STREET, SUITE 300
BIRMINGHAM, MI 48009

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



07092004 Chg-LP CR2E003 (10/03)

4. FEI Number
38-3147787

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RINES, MILTON T
15235 SOUTH TAMiami TRAIL
FT. MYERS, FL 33908

7. Name and Address of New Registered Agent
 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 _____
 Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date. **same**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # NAME STREET ADDRESS CITY-ST-ZIP	F93000005763 GP JAMAICA PLAZA, INC. 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009	STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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 # _____

Rogek Zlotoff Vice President of JTB G.P.