

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

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # B94000000283**

1. Entity Name  
**THE J.L. NIELSEN FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**1925 HIGHWAY 97 SOUTH  
CANTONMENT, FL 32533**

Mailing Address  
**1925 HIGHWAY 97 SOUTH  
CANTONMENT, FL 32533**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**76-0400763**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIELSEN, JODY L  
1925 HIGHWAY 97 SOUTH  
CANTONMENT, FL 32533**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$1,113,750.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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  
**F94000003135  
JAYSHA GOLDENS, INC.  
1925 HIGHWAY 97 SOUTH  
CANTONMENT, FL 32533**

STREET ADDRESS

CITY - ST - ZIP

**1000000131458  
04/27/04-80006-016 526.25**

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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)(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: Jody L. Nielsen ; Jody L. Nielsen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/14/04**

Date

**(850) 937-0717**

Daytime Phone #

STAPLE CHECK HERE