

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAR -7 P 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0617051 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, JOHN G
5200 TOWN CENTER CIRCLE, STE. 550
BOCA RATON, FL 33486

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. \$1,000,000.00 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

DOCUMENT # P95000066205
NAME JZT CORP.
STREET ADDRESS 5200 TOWN CENTER CIR., SUITE 550
CITY-ST-ZIP BOCA RATON, FL 33486

DOCUMENT # P95000066081
NAME PXS CORP.
STREET ADDRESS 5200 TOWN CENTER CIR., SUITE 550
CITY-ST-ZIP BOCA RATON, FL 33486

DOCUMENT # P99000020557
NAME KXS CORP.
STREET ADDRESS 5200 TOWN CENTER CIR., SUITE 550
CITY-ST-ZIP BOCA RATON, FL 33486

DOCUMENT # P00000117173
NAME JXC CORP.
STREET ADDRESS 5200 TOWN CENTER CIR., SUITE 550
CITY-ST-ZIP BOCA RATON, FL 33486

DOCUMENT # P01000117302
NAME BXT CORP.
STREET ADDRESS 5200 TOWN CENTER CIR., SUITE 550
CITY-ST-ZIP BOCA RATON, FL 33486

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 800048122388
03/10/05 01010 017 **526.25

STREET ADDRESS
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/2/05 361-361-1079
Date Daytime Phone #

STAPLE CHECK HERE