2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## Feb 22, 2005 08:00 AM **DOCUMENT # B96000000233 Secretary of State** JACKSONVILLE JTB HOTEL LIMITED PARTNERSHIP Principal Place of Business Mailing Address 4670 LENOIR AVENUE S. 143 ANCHOR DRIVE JACKSONVILLE, FL 32216 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apf. #, etc. 02012005 Cha-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 54-1801797 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURBIN, JAMES E 143 ANCHOR DRIVE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32963 Zip Code 3. 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 | 1 am familiar with, and accept the obligations of regist SIGNATURE Signature lyped printed name of registered agent and title if applicable 9. Capital Contribution 10. Amount of Capital Contributions \$1,226,000.00 in FLORIDA to date as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY F96000003195 DOCUMENT # STREET ADDRESS NAME JACKSONVILLE JTB, INC. STREET ADDRESS 4670 SALISBURY ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32256 DOCUMENT # 102 22/05-80037-003 526,25 STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # 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)(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

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-15-05

Daytime Phone ₩

**FILED**