

2005 LIMITED PARTNERSHIP ANNUAL REPORT FILED
Due By May 1, 2005

05 APR 19 PM 3:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # B98000000508		1. Entity Name JENNINGS ROAD PARTNERS L.P.	
Principal Place of Business 2440 SE FEDERAL HIGHWAY STUART, FL 34994		Mailing Address P.O. BOX 359 STUART, FL 34995	
2. Principal Place of Business 850 SW Martin Downs Bl.		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm City, FL		City & State	
Zip 34990		Country USA	
4. FEI Number 65-0845256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DONNELL, CHAR ADMIN. 2440 SE FEDERAL HWY STE. 600 STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd. City Palm City FL Zip Code 34990	
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 <i>Char O'Donnell</i>		Char O'Donnell 4-14-05 DATE	
9. Capital Contributions as Shown on record. \$450,000.00		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GARRIS, STANLEY R	STREET ADDRESS	
NAME	75356 AUGUSTA DRIVE	CITY-ST-ZIP	
STREET ADDRESS	INDIAN WELLS, CA 92210		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000054022010
NAME		CITY-ST-ZIP	05/06/05--01083--019 **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)(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: <i>Stanley R. Garris</i>		Stanley R. Garris 3-29-05 772-287-1844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE