

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052004 Chg-LP CR2E003 (10/03)

DOCUMENT # A00000000515 1. Entity Name THE RJB FAMILY LIMITED LIABILITY PARTNERSHIP					
Principal Place of Business 137 OLD CARRIAGE RD. PONCE INLET, FL 32127			Mailing Address C/O BRADBEER & BAILES 1307 E. NORMANDY BLVD #1 DELTONA, FL 32725		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 137 OLD CARRIAGE RD Suite, Apt. #, etc.			
City & State Zip		City & State PONCE INLET FL Zip 32127		Country USA	
4. FEI Number 59-3637708				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 FLICK, JAMES J 940 HIGHLAND AVENUE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500036279295 05/14/04--01003--009 **526.25 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,305,946.00		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		
NAME	BEAUREGARD, RICHARD J TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	137 OLD CARRIAGE RD.		CITY-ST-ZIP		
CITY-ST-ZIP	PONCE INLET, FL 32127		STREET ADDRESS		
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CITY-ST-ZIP			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)(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:			RICHARD BEAUREGARD 4/20/04 (386)801-2444		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE