


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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 JUN 20 AM 8:28

DOCUMENT # A0400000237

1. Entity Name
 GJC PARTNERSHIP, LTD.



Principal Place of Business
 5780 MIDNIGHT PASS RD, UNIT 402-B
 SARASOTA, FL 34242

Mailing Address
 5780 MIDNIGHT PASS RD, UNIT 402-B
 SARASOTA, FL 34242

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04202005 Chg-LP CR2E003 (10/03)

4. FEI Number
 20-0753635

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BLALOCK, LANDERS, WALTERS & VOGLER, PA
 802 - 11TH ST WEST
 BRADENTON, FL 34205

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. \$842,841.00

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 #	L04000012106	STREET ADDRESS	
NAME	GJC, LLC	CITY-ST-ZIP	
STREET ADDRESS	5780 MIDNIGHT PASS RD, UNIT 402-B		
CITY-ST-ZIP	SARASOTA, FL 34242		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

200056637352
 06/23/05--01009--002 **\$35.00

STAPLE CHECK HERE

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]* x *[Signature]* x 4/21/05 x 941-747-8464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #