2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 18 PM 3:44

DOCUMENT # A95000000699

1. Entity Name
CJC PROPERTIES, LTD.

Principal Place of Business	Mailing Address
695 BENJAMIN CHAIRES ROAD TALLAHASSEE, FL ~~32311~~ 32317	695 BENJAMIN CHAIRES ROAD TALLAHASSEE, FL ~~32311~~ 32317

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01122004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3312729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANDRUM, CAROL C 695 BENJAMIN CHAIRES ROAD TALLAHASSEE, FL 32317	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.	$899,525.00	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 / CITY-ST-ZIP	CHAPMAN, JOHN W JR. 3436 WEEMS ROAD TALLAHASSEE, FL 32308	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	LANDRUM, CAROL C 695 BENJAMIN CHAIRES ROAD TALLAHASSEE, FL 32317	STREET ADDRESS CITY-ST-ZIP	
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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: Carol C. Landrum, CAROL C. LANDRUM 2-17-04 850-878-1412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #