

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000699 1. Entity Name CJC PROPERTIES, LTD.					
Principal Place of Business 695 BENJAMIN CHAIRES ROAD TALLAHASSEE, FL 32317			Mailing Address 695 BENJAMIN CHAIRES ROAD TALLAHASSEE, FL 32317		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3312729	
5. Certificate of Status Desired ☐				Applied For ☐	
6. Name and Address of Current Registered Agent LANDRUM, CAROL C 695 BENJAMIN CHAIRES ROAD TALLAHASSEE, FL 32317				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. \$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	000000230021 12/15/05 00025 002 526.25	
STREET ADDRESS	3436 WEEMS ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS	LANDRUM, CAROL C		STREET ADDRESS		
CITY-ST-ZIP	695 BENJAMIN CHAIRES ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	TALLAHASSEE, FL 32317		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 <u>Carol C. Landrum</u> CAROL C. LANDRUM 2-805 850-878-1412 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE