


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # A98000002623

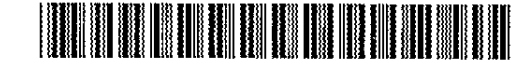
1. Entity Name
AJP-MLP FAMILY LIMITED PARTNERSHIP



Principal Place of Business 711 N. COUNTY ROAD PALM BEACH, FL 33480	Mailing Address C/O STUART J. HAFT 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0880997	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ.
C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A.
321 ROYAL POINCIANA PLAZA, SOUTH
PALM BEACH, FL 33480

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. \$903,264.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 903,264
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**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	P98000092175 AJP-MLP, INC. 711 NORTH COUNTY ROAD PALM BEACH, FL 33480	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	1100000102182 04/05/04-80005-005 526.25
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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: Arthur J. Boraso 1/21/04 561-844-1676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time Phone #