

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED

04 JAN 30 PM 2:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A99000001416
1. Entity Name
AMKBJ PARTNERS, LTD. LLLP



Principal Place of Business: 7457 PARK LANE, LAKE WORTH FL 33467
Mailing Address: 7457 PARK LANE, LAKE WORTH FL 33467



MOORE CR2E003 (11/03)

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

4. FEI Number: 65-0952578
Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
CLOYD, MICHELLE
7457 PARK LANE
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent
Name: Michelle Lancianese
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: [Signature] DATE: 1-26-04

9. Capital Contributions as Shown on record: \$6,166,000.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P99000051302	STREET ADDRESS	
NAME	AMKBJ, INC.	CITY-ST-ZIP	900027980659
STREET ADDRESS	7457 PARK LANE		01/30/04--01053--018 **\$26.25
CITY-ST-ZIP	LAKE WORTH FL 33467		
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CITY-ST-ZIP			

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] DATE: 1-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #