2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

STAPLE CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Feb 16, 2005 08:00 AM Secretary of State DOCUMENT # A99000001416 1. Entity Name AMKBJ PARTNERS, LTD. LLLP Principal Place of Business Mailing Address 7457 PARK LANE LAKE WORTH FL 33467 7457 PARK LANE LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0952578 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANCIANESE, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 7457 PARK LANE LAKE WORTH FL 33467 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 11. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions \$6,166,000.00 as Shown on record. 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. STREET ADDRESS 7457 PARK LANE U0000U0230751 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 <u>02/16/05-80001-007 526 24</u> DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP DOCUMENT # STREET AUDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOLUMENT # STREET ADDRESS NAM6 STPLET ADDRESS CITY-ST-ZIP CH 7-SI-ZIP DOGUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STHEET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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