


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 24 AM 9:10

**DOCUMENT # B0100000210**

1. Entity Name  
 SJS - WEST PALM BEACH, L.P.



Principal Place of Business  
 2455 E. SUNRISE BLVD., SUITE AR-1  
 FORT LAUDERDALE, FL 33304

Mailing Address  
 2455 E. SUNRISE BLVD., SUITE AR-1  
 FORT LAUDERDALE, FL 33304

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03242006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 20-3436620 Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
 SANTOLLA, STEVEN A  
 2455 E. SUNRISE BLVD., SUITE AR-1  
 FORT LAUDERDALE, FL 33304

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 |                                   |
|---------------------------------|-----------------------------------|
| DOCUMENT #                      | P05000115953                      |
| NAME                            | METROCENTRE GP, INC.              |
| STREET ADDRESS                  | 2455 E. SUNRISE BLVD., SUITE AR-1 |
| CITY-ST-ZIP                     | FORT LAUDERDALE, FL 33304         |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |

| 13. ADDRESS CHANGES ONLY |   |
|--------------------------|---|
| STREET ADDRESS           |   |
| CITY-ST-ZIP              | 500074755075<br>05/17/06-01017-024 **475.00 |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              | 03/16/06-01059-004-#25.00                   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Steven Santolla 4-16-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #