

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 MAR 12 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B01000000210				
1. Entity Name SJS - WEST PALM BEACH, L.P.				
Principal Place of Business 5101 NW 21ST AVE. SUITE 300 FORT LAUDERDALE, FL 33309			Mailing Address 5101 NW 21ST AVE. SUITE 300 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3436620 Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
SANTOLLA, STEVEN A 2455 E. SUNRISE BLVD., SUITE AR-1 FORT LAUDERDALE, FL 33304		Name		
		Street Address (P.O. Box Number is Not Acceptable) 5101 N.W. 21st Ave #300		
		City Fort Lauderdale FL		
		Zip Code 33309		

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: Steven Santolla DATE: 3-2-07

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000115953	STREET ADDRESS	5101 N.W. 21ST AVE #300
NAME	METROCENTRE GP, INC.	CITY-ST-ZIP	Fort Lauderdale, FL 33309
STREET ADDRESS	2455 E. SUNRISE BLVD., SUITE AR-1		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 DATE: 3-2-07 DAYTIME PHONE # 954-469-4475

STAPLE CHECK HERE