

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

FILED

2004 APR 22 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A02000001001**

1. Entity Name  
**JMM FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**10455 S.W. 58TH STREET  
MIAMI, FL 33173**

Mailing Address  
**10455 S.W. 58TH STREET  
MIAMI, FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**APPLIED FOR 71-0888473**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LESLIE ALAN ROZENCWAIG, ESQ.  
C/O LESLIE ALAN ROZENCWAIG, P.A.  
1 S.E. 3RD AVENUE, SUITE 960  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**ROZENCWAIG & FERRERO-CAR**

Street Address (P.O. Box Number is Not Acceptable)

**301 W. HALLANDALE BEACH BLVD**

City **HALLANDALE BEACH** FL Zip Code **33009**

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, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$600,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **L02000013258**  
NAME **MMJJ HOLDINGS, L.C.**  
STREET ADDRESS **10455 S.W. 58TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33173**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100036063641**  
**05/11/04--01071--011 \*\*526.25**

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STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE