

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000350

1. Entity Name
C.J.N. PROPERTIES, LTD.



Principal Place of Business
1655 DREXEL AVENUE, SUITE 208
MIAMI BEACH, FL 33139

Mailing Address
1655 DREXEL AVENUE, SUITE 208
MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0988050

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASERSTEIN, CARLOS
1655 DREXEL AVENUE, SUITE 208
MIAMI BEACH, FL 33139

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

Signature typed or printed name of registered agent and filer if applicable

DATE

9. Capital Contributions
 as Shown on record **\$181,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000018084**
 NAME **GREATER MIAMI SHOPPING CENTER, INC.**
 STREET ADDRESS **1655 DREXEL AVENUE, SUITE 208**
 CITY- ST- ZIP **MIAMI BEACH, FL 33139**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

U00000159680
05/10/04-80041-007 535.00

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:

Carlos Waserstein **Carlos Waserstein** **04/29/04** **305 622-7741**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE