
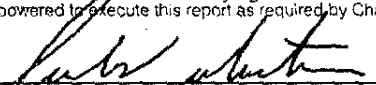


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000350</b> 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		Country		03222005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0988050				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WASERSTEIN, CARLOS 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent  Name Street Address (P O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$181,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # P0000018084 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 1100000365886 05/11/05-80019-026 \$35.00		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b>  Carlos Waserstein 4/26/05 305-672-7557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE