
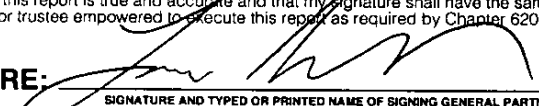


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 05 APR 29 AM 7:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0000000978			
1. Entity Name VOLUSIA MJM, LTD.			
Principal Place of Business 449 PALM AVENUE ORMOND BEACH, FL 32174		Mailing Address 449 PALM AVENUE ORMOND BEACH, FL 32174	
2. Principal Place of Business P.O. Box 952		3. Mailing Address P.O. Box 952	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL	
Zip		Zip	
Country		Country USA	
4. FEI Number 59-3724582		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARANDINO, LONNIE 449 PALM AVENUE ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$4,000.00		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 #	P00000058637	STREET ADDRESS	
NAME	REAL VOLUSIA, INC.	CITY-ST-ZIP	200054753202
STREET ADDRESS	449 PALM AVENUE		05/19/05--01005--002 **150.00
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: 		LORNIE MARANDINO 4-25-05 386-615-1238	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE