


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A00000001885					
1. Entity Name NJ1 FOUR LIMITED PARTNERSHIP					
Principal Place of Business 3524 VILLAGE WAY TAMPA, FL 33629		Mailing Address 3524 VILLAGE WAY TAMPA, FL 33629			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3686751				Applied For Not Applicable	
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	
WILLIAMS, STEVEN A HILL, WARD & HENDERSON, P.A. 101 E. KENNEDY BLVD., STE. 3700 TAMPA, FL 33602				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$6,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,300,000			
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 #	P00000056737		STREET ADDRESS		
NAME	NJ1 FOUR, INC. ✓		CITY-STATE-ZIP		
STREET ADDRESS	3524 VILLAGE WAY			UN00000070580 02/28/04-80027-022 526.25	
CITY-STATE-ZIP	TAMPA, FL 33629				
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CITY-STATE-ZIP					
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					
SIGNATURE: <i>Jim M. Stefano</i>			Date: <i>Jan. 29, 2004</i>		Daytime Phone #: <i>813-877-7799</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE