2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

STAPLE CHECK HERE

DUE BY MAY 1, 2004					FILED
DOCUMENT # A0000001913 1. Entity Name					Mar 04, 2004 08:00 AM Secretary of State
DOUBLE J HOLDINGS, LTD.					Secretary of State
Principal Plac	e of Business	Mailing Address			
14031 SHIMMING LAKE CT.		14031 SHIMMING LAKE CT.			
FT. MYERS	FL 33907	FT. MYERS FL 33907	. •		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc			MOORECR2E003 (11/03)
City & State		City & State			4. FEI Number 65-1087677 Applied For Not Applied by
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Regulred
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
DAOTEDIAM DODGOT				Name '	
140	STERNAK, ROBERT 31 SHIMMING LAKE CT. MYERS FL 33907			Street Address (P.O. Box Number is Not Acceptable)
Γ1.	WITERS FL 33301				
				City	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 title if applicable			DATE
9. Capital Contributions \$90.00 10. Amount of Capital Contribution as Shown on record.					11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
as Snown	A GENERAL PARTNER	in FLORIDA to da	TITY M	UST BE REGIST	SEE REVERSE SIDE FOR FEE INFORMATION TERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment mus 12. GENERAL PARTNER INFORMATION 13.					nt must be filed to change a general partner. ADDRESS CHANGES ONLY
SOCUMENT #	PASTERNAK, ROBERT 14031 SHIMMING LAKE CT.				ADDITESS OF INVOCES ONE 1
NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY ST-ZIP			CITY	-ST-ZIP	U00000087593
DOCUMENT # NAME	PASTERNAK, EILEEN		Stat	ET ADDRESS	03/15/04-80014-023 141.25
STREET ADDRESS CITY-ST-ZIP	DRESS 14031 SHIMMING LAKE CT.		CITY	-S1-ZIP	
OOGUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS City-St-Zip			CITY	-ST-ZIP	
DOCUMENT # NAME			STRI	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
BOCUMENT #			STRE	ET ADORESS	
STREET ADDRESS CRTY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT #			1_	TT apports	,
NAME			SIR	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
14. I hereby indicated the received	certify that the information supplied with t on this report is true and accurate and ver or trustee empowered to execute th	n this filing does not qualify for that my signature shall have t is report as required by Chapt	the exe the sam ter 620.	motion stated in Se e legal effect as it n Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath, that I am a General Partner of the limited partnership of