## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK

SIGNATURE:

## Mar 10, 2004 08:00 AM Secretary of State **DOCUMENT # A0000001959** 1. Entity Name THE CJB FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 201 SE 24TH AVE 201 SE 24TH AVE POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01062004 Chg-LP CR2E003 (10/03) City & State City & State Applied For 4. FEI Number 36-4401116 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WITTE, LARRY F ESQ 201 SE 24TH AVE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33062 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. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,136,800.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME BORG, JEROLD STREET ADDRESS 1480 CRESS CREEK CT CITY-ST-ZIP U00000082806 CITY-ST-ZIP NAPERVILLE, IL 60563 <del>03/16/04 88012 884 526.75</del> DOCUMENT # STREET ADDRESS NAME BORG, CORRINE B STREET ADDRESS 1480 CRESS CREEK CT CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE, IL 60563 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

URE AND TYPED OR PRINTED NAME OF SIGNING SENERAL PARTNER

**FILED** 

Daytime Phone ⊭