2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 27 AM 10:11

DOCUMENT # A01000000158

1. Entity Name
MJR PROPERTIES, LTD. LLLP

Principal Place of Business	Mailing Address
1741 VIA VENETIA WINTER PARK, FL 32789	POST OFFICE BOX 940896 MAITLAND, FL 32794

02222005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3640 Princeton Oaks St Suite, Apt. #, etc.
City & State	Orlando FL City & State
Zip / Country	32808-5636 / Orange Zip / Country

4. FEI Number 59-3706581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRICE, PAMELA O ESQUIRE 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801	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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $10,000,000.00

0. Amount of Capital Contribution in FLORIDA to date. $10,000

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 #	P96000049873	STREET ADDRESS	3640 Princeton Oaks St
NAME	ROGERS HOLDINGS, INC.	CITY-ST-ZIP	Orlando FL 32808-5636
STREET ADDRESS	1741 VIA VENETIA		
CITY-ST-ZIP	WINTER PARK, FL 32789		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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 MJR 4/19/05 (407)889-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #