## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A01000000158**

1. Entity Name

MJR PROPERTIES, LTD. LLLP



Principal Place of Business

1741 VIA VENETIA WINTER PARK, FL 32789 Mailing Address

3640 PRINCETON OAKS STREET ORLANDO, FL 32808-5636

## FILED

06 MAY 31 AM 9: 27

SECRETARY OF STATE TALLAHASSEE FLORIDA



02212006 No Chg-LP

CR2E003 (11/05)

| 4. FEI Number                    | <br>Applied For                   |  |
|----------------------------------|-----------------------------------|--|
| 59-3706581                       | Not Applicable                    |  |
| 5. Certificate of Status Desired | \$8.75 Additional<br>Fee Required |  |

6. Name and Address of Current Registered Agent

PRICE, PAMELA O ESQUIRE 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the purpose of changing its regions of registered agent. | gistered affice or registered agent, or both, | in the State of Florida. I am familiar with, and accept |  |
|---|--|---|---|--|
| SIGNATURE   | Signature, typed or printed name of registered agent and title if applicable.                    |   | DATE  |  |
|   | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2006, Fee will be \$900.0                            | 90  |   |  |
| 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  |   |   |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  | P9600049873<br>ROGERS HOLDINGS, INC.<br>3640 PRINCETON OAKS STREET<br>ORLANDO, FL 328085636      | 500075558525<br>05/31/0601032003 **\$00.00    |   |  |
| DOCUMENT IN NAME STREET ADDRESS CITY-ST-ZIP   |  |   |   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | OT WRITE  |  |
| DOCUMENT # NAME STREET ADDRESS City-St-zip  |  | IN IF   | IIS SPACE   |  |
| DOCUMENT # NAME STREET ADDRESS CTY-ST-ZIP   |  |   |   |  |
| DOCUMENT /  |  |   |   |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: .

STREET ADDRESS
CITY-ST-ZIP

STAPLE CHECK HERE

5/1/06

407-889-3100