2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001523

1. Entity Name
CJ INVESTMENT SERVICES, LTD.

Principal Place of Business
C/O L. GAIL MARKHAM
8961 CONFERENCE DRIVE
FT. MYERS, FL 33919

Mailing Address
C/O L. GAIL MARKHAM
8961 CONFERENCE DRIVE
FT. MYERS, FL 33919

01132004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip | Country

4. FEI Number
02-0605048
Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, DENNIS R
C/O DENNIS R. WHITE, P.A.
4099 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103-3548

7. Name and Address of New Registered Agent

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 ______ (signature, typed or printed name of registered agent and title if applicable) DATE

9. Capital Contributions as Shown on record $50,000,000.00

10. Amount of Capital Contributions in FLORIDA to date #2,333,870

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 #	P01000109583	STREET ADDRESS	
NAME	CJ MANGEMENT SERVICES, INC.		
STREET ADDRESS	8961 CONFERENCE DRIVE	CITY-ST-ZIP	U00000111232 ~~04/13/04 00008 014 535.00~~
CITY-ST-ZIP	FT. MYERS, FL 33919		
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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: L. Gail Markham 4/5/04 (239) 433-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #

President of CJ Management Services Inc.