


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001523 1. Entity Name CJ INVESTMENT SERVICES, LTD.	
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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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222005 Chg-LP CR2E003 (10/03)

4. FEI Number 02-0605048	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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. \$50,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 3,555,124
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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.	CITY-ST-ZIP	
STREET ADDRESS	8961 CONFERENCE DRIVE		
CITY-ST-ZIP	FT. MYERS, FL 33919		
DOCUMENT #		STREET ADDRESS	05/06/05-80013-014 535.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/05 239-433-5554
Date Daytime Phone #

STAPLE CHECK HERE