


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 26 AM 8:34

<b>DOCUMENT # A02000000039</b> 1. Entity Name RBJD FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 3363 N.E. 171ST STREET NORTH MIAMI BEACH, FL 33160	Mailing Address 3363 N.E. 171ST STREET NORTH MIAMI BEACH, FL 33160
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03232004 Chg-LP CR2E003 (10/03)

4. FEI Number 80-0030933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOENIGSBERG, JAY ESQ. C/O ISICOFF, RAGATZ & KOENIGSBERG, P.A. 1101 BRICKELL AVE., SUITE 800-SOUTH MIAMI, FL 33131	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: \$11,000.00	10. Amount of Capital Contributions in FLORIDA to date: \$11,000
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P02000002639 RBJD, INC. 3363 N.E. 171ST STREET NORTH MIAMI BEACH, FL 33160	STREET ADDRESS CITY-ST-ZIP	500032725445 04/14/04--01021--017 **165.75
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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: Daniel Schwartz 3/26/04 305-987-9526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #