


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

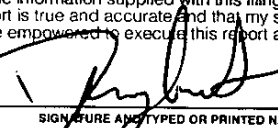
05 MAR 30 AM 9:33

<b>DOCUMENT # A02000000039</b> 1. Entity Name <b>RBJD FAMILY PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>3363 N.E. 171ST STREET NORTH MIAMI BEACH, FL 33160</b>			Mailing Address <b>3363 N.E. 171ST STREET NORTH MIAMI BEACH, FL 33160</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>80-0030933</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KOENIGSBERG, JAY ESQ. C/O ISICOFF, RAGATZ &amp; KOENIGSBERG, P.A. 1101 BRICKELL AVE., SUITE 800-SOUTH MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$11,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>165<sup>25</sup></b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P02000002639		STREET ADDRESS		
NAME	RBJD, INC.		CITY-ST-ZIP		
STREET ADDRESS	3363 N.E. 171ST STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

STAPLE CHECK HERE

900050046029  
 04/06/05--01069--019 \*\*165.75

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:** 

Date **3/28/05**

Daytime Phone # **305-987-9526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER