

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A02000000564		
1. Entity Name S.J. GROSSMAN LIMITED PARTNERSHIP		

FILED

2004 AUG 23 P 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13808 VIA VITTORIA DELRAY BEACH, FL 33446	Mailing Address 13808 VIA VITTORIA DELRAY BEACH, FL 33446
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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

07162004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent	
MILLER & O'NEILL, P.L. 2300 GRADES ROAD, SUITE 400-EAST BOCA RATON, FL 33431	

4. FEI Number 04-3637495	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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. \$1,410,107.00

10. Amount of Capital Contributions in FLORIDA to date.

437.50

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 #	P01000086214
NAME	SJG MANAGEMENT, INC.
STREET ADDRESS	13808 VIA VITTORIA
CITY-ST-ZIP	DELRAY BEACH, FL 33446

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	500040648585
CITY-ST-ZIP	08/30/04--01091--023 **488.75

DOCUMENT #	
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CITY-ST-ZIP	

STREET ADDRESS	500040648585
CITY-ST-ZIP	08/30/04--01091--024 **437.50

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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)(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 prepare this report as required by Chapter 629, Florida Statutes

SIGNATURE:

Neel Grossman
 NEEL GROSSMAN

7/20/04 908 832
 1179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE