

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 APR -8 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000249		
1. Entity Name CCJ MOORE INVESTMENTS, LLLP		

Principal Place of Business 5329 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	Mailing Address 5329 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786
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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



02032004 Chg-LP CR2E003 (10/03)

4. FEI Number		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOORE, CECIL D 5329 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$3,185,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$3,185,000.00
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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 #	MOORE, CECIL D	STREET ADDRESS	
NAME	5329 ISLEWORTH COUNTRY CLUB DRIVE	CITY-ST-ZIP	300033405093
STREET ADDRESS	WINDERMERE, FL 34786		04/21/04 01019 007 **526.25
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	MOORE, CAROL K	CITY-ST-ZIP	
NAME	5329 ISLEWORTH COUNTRY CLUB DRIVE	STREET ADDRESS	
STREET ADDRESS	WINDERMERE, FL 34786	CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: 	3-304	407-9091437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE