2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000249

1. Entity Name
CCJ MOORE INVESTMENTS, LLLP

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

04152005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ~~APPLIED FOR~~ 51-0448516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, CECIL D
5329 ISLEWORTH COUNTY CLUB DRIVE
WINDERMERE, FL 34786

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 ______________________________ 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.	

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 #		STREET ADDRESS	
NAME	MOORE, CECIL D		
STREET ADDRESS	5329 ISLEWORTH COUNTRY CLUB DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	WINDERMERE, FL 34786		
DOCUMENT #		STREET ADDRESS	
NAME	MOORE, CAROL K		
STREET ADDRESS	5329 ISLEWORTH COUNTRY CLUB DRIVE	CITY-ST-ZIP	000054918400 05/20/05--01050--002 **526.25
CITY-ST-ZIP	WINDERMERE, FL 34786		
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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: [signature] 04-23-05 407-909-1437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #