


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

<b>DOCUMENT # A03000001285</b> 1. Entity Name <b>EMJAY FAMILY PARTNERSHIP, LTD.</b>	
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**FILED**

2004 MAY -4 A 11: 34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>1855 EAST 12TH STREET, APT. 7P</b> <b>BROOKLYN, NY 11229</b>		Mailing Address <b>1855 EAST 12TH STREET, APT. 7P</b> <b>BROOKLYN, NY 11229</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>02-0710396</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b> <b>SNELLING, LINDA L ESQ</b> <b>301 YAMATO ROAD, STE. 4150</b> <b>BOCA RATON, FL 33431</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>05/05/04-01009-007 **526.25</b> <b>600035438856</b> City <b>05/05/04-01009-007 **526.25</b> <b>FL</b> 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. <b>\$30,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$746,520.00</b>
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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
	<b>WISKOFF, EMILY</b>		
	<b>1855 EAST 12TH STREET, APT. 7P</b>		
	<b>BROOKLYN, NY 11229</b>		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>HAIBI, JASON</b>		
	<b>1855 EAST 12TH STREET, APT. 7P</b>		
	<b>BROOKLYN, NY 11229</b>		
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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:** Emily Leeves Wiskoff **4-30-04** **718-339-2276**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE