2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 FILE! **DOCUMENT # A03000001481** CWJJ INVESTMENTS, LTD. 2005 APR -5 PM 3: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1121 SOUTH MILITARY TRAIL 368 STRATHMORE BLVD. #264 TORONTO, ON M4C-I-N3 CA DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 33-1081958 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMSCO MARKETING, LLC 1121 SOUTH MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) #264 DEERFIELD BEACH, FL 33442 City 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 ( 10. Amount of Capital Contributions in FLORIDA to date. as Shown on record. 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 DOCUMENT # STREET ADDRESS LAW, JOHN <u>500049822815</u> NAME U4/U4/05--01074--014 \*\*471. "STREET AODRESS 368 STRATHMORE BLVD CITY-ST-ZIP CITY-SY-ZIP TORONTO, ON M4C-IN3 DOCUMENT # STREET ADDRESS NAME LAW, CLAIRE STREET ADDRESS 368 STRATHMORE BLVD. CITY-ST-ZIP TORONTO, ON M4C-IN3 CITY-ST-ZIP ODCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT ( STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SE-7IP DOCUMENT # STREET ADDRESS NAME . STREET ADDRESS CITY-ST-ZIP 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 acceptate 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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING GENERAL PARTNES