


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A03000001603					
1. Entity Name CAY J ASSOCIATES, LTD.					
Principal Place of Business 3224-A SUNSET KEY CIR PUNTA GORDA, FL 33955		Mailing Address 3224-A SUNSET KEY CIR PUNTA GORDA, FL 33955			
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 56-2418932	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWMIN, W. GERALD 3224-A SUNSET KEY CIR PUNTA GORDA, FL 33955				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00			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 #	L03000043852		STREET ADDRESS		
NAME	CAY J ENTERPRISES, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	3224-A SUNSET KEY CIR				
CITY-ST-ZIP	PUNTA GORDA, FL 33955				
DOCUMENT #			STREET ADDRESS	000000135905	
NAME			CITY-ST-ZIP	04/29/04-80004-011 526.25	
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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 execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE <i>W. Gerald Newmin</i>			3/31/04 (941) 637-9883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
W. Gerald Newmin, Manager of General Partner					

STAPLE CHECK HERE