

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A04000000203

1. Entity Name  
JAZZIZ OF HOLLYWOOD, LTD.



FILED

2005 JUL 19 P 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5801 N.W. 21ST WAY  
BOCA RATON, FL 33496

Mailing Address  
5801 N.W. 21ST WAY  
BOCA RATON, FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152005 Chg-LP CR2E003 (10/03)

4. FEI Number

20-0723907

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUBITZ, CHARLES A  
515 NORTH FLAGLER DRIVE, 17TH FLOOR  
WEST PALM BEACH, FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$1,600,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$1,800,000

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 # P03000151473  
NAME JAZZIZ GENERAL OF HOLLYWOOD, INC.  
STREET ADDRESS 5801 N.W. 21ST WAY  
CITY-ST-ZIP BOCA RATON, FL 33496

STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

\$526.25

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:

*Burt A. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE