

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

2005 APR 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001126	
1. Entity Name ROBJAY REALTY, LTD.	

Principal Place of Business C/O JEFF HAHN 1515 N. FEDERAL HIGHWAY, SUITE 300 BOCA RATON FL 33432	Mailing Address C/O JEFF HAHN 1515 N. FEDERAL HIGHWAY, SUITE 300 BOCA RATON FL 33432
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number 51-0515591	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GERSTIN, JOSHUA 399 WEST PALMETTO PARK RD, SUITE 108 BOCA RATON FL 33432	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

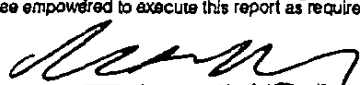
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	DATE
9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.

FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	PO4000101095	STREET ADDRESS	
NAME	ROBJAY REALTY, INC.	CITY- ST- ZIP	04/03/05-80010-003 141.25
STREET ADDRESS	C/O JEFF HAHN 1515 N. FEDERAL HWY, #300	STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33432	CITY- ST- ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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CITY- ST- ZIP		CITY- ST- ZIP	

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: 	4-1-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #