
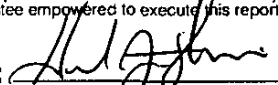


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 25 AM 9:30

DOCUMENT # A04000001577					
1. Entity Name MSHJ, LTD.					
Principal Place of Business P.O. BOX 133650 HIALEAH, FL 33013			Mailing Address P.O. BOX 133650 HIALEAH, FL 33013		
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 20-1740998	
				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 JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, STE. 700 MIAMI, FL 33131				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.		\$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
				\$990,000.00	
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	
NAME	MSHJ, INC.				
STREET ADDRESS	P.O. BOX 133650			CITY-ST-ZIP	
CITY-ST-ZIP	HIALEAH, FL 33013				
DOCUMENT #	NAME			STREET ADDRESS	
NAME					
STREET ADDRESS				CITY-ST-ZIP	
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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 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: 				Date: 3-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone # 786 412 7100	

STAPLE CHECK HERE