


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED  
Feb 16, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A05247**  
1. Entity Name  
**THE THREE "JA-JO-JU" LIMITED PARTNERSHIP**



Principal Place of Business: **POST OFFICE BOX 1927  
POMPANO BEACH FL 33061**  
Mailing Address: **POST OFFICE BOX 1927  
POMPANO BEACH FL 33061**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

**6. Name and Address of Current Registered Agent**  
**FURMAN, FRANK H JR.  
900 N.E. 3 STREET  
POMPANO BEACH FL 33060**

4. FEI Number: **59-1780686**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$3,000.00**  
10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_  
11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	FRUMAN, FRANK H JR.	STREET ADDRESS	
NAME	900 N.E. 3RD ST.	CITY-ST-ZIP	
STREET ADDRESS	POMPANO BEACH FL		U00000069433
CITY-ST-ZIP			02/28/04-80008-013 141.25
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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:** *[Signature]* **1/28/04 954-943-5050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #