


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

FILED
Mar 25, 2005 8:00 A.M.
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		4. FEI Number 59-1780686	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FURMAN, FRANK H JR. 900 N.E. 3 STREET POMPANO BEACH, FL 33060			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. \$3,000.00		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 #	NAME		STREET ADDRESS		
	FRUMAN, FRANK H JR.				
	900 N.E. 3RD ST.		CITY-ST-ZIP		
	POMPANO BEACH, FL				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			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: <u>FRANK H FURMAN JR</u>			Date: 3/23/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #: (954) 943-5050		

[Handwritten initials]



STAPLE CHECK HERE

900049887719
 04/05/05-01015-004 **141.25