2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 AM 11:57

DOCUMENT # A17334

1. Entity Name
LDJ ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
C/O A. E. BROOKS 11915 S.W. 82 RD. MIAMI, FL 33156	C/O A. E. BROOKS 11915 S.W. 82 RD. MIAMI, FL 33156

02272004 Chg-LP CR2E003 (10/03)

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 59-2438431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROOKS, LARRY E. 8800 SW 116 ST. MIAMI, FL 33176	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 Jay E Brooks 2/27/04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$100.00	

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 #		STREET ADDRESS	900030593509
NAME	BROOKS, LARRY E.	CITY-ST-ZIP	03/17/04--01004--007 **150.00
STREET ADDRESS	8800 S.W. 116 STREET		
CITY-ST-ZIP	MIAMI, FL 33176		
DOCUMENT #		STREET ADDRESS	520 FALCON AVE
NAME	BROOKS, DAVID L.	CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
STREET ADDRESS	15350 S.W. 83 CT.		
CITY-ST-ZIP	MIAMI, FL 33157		
DOCUMENT #		STREET ADDRESS	
NAME	BROOKS, JAMES E.	CITY-ST-ZIP	
STREET ADDRESS	9520 OAK CREST DR.		
CITY-ST-ZIP	MANVEL, TX 77578		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Jay E Brooks 2/27/04 305-238-5232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #