
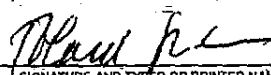


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A21811					
1. Entity Name LE JEUNE EXECUTIVE BUILDING, LTD.					
Principal Place of Business 351 N.W. LEJEUNE ROAD, SUITE 600 MIAMI, FL 33126			Mailing Address 351 N.W. LEJEUNE ROAD, SUITE 600 MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2792058	
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		
BURGER, ALAN M ESQ. % BURGER & TRAILOR, P.A. 8603 S. DIXIE HWY., #303 MIAMI, FL 33143			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 file if applicable</small>					
9. Capital Contributions as Shown on record. \$60.00			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 #	612130		STREET ADDRESS		
NAME	JORME CORPORATION		CITY - ST - ZIP		
STREET ADDRESS	351 N.W. LEJEUNE ROAD, SUITE 600				
CITY - ST - ZIP	MIAMI, FL 33134				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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)(f), 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:		 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		ROLANDO SANCHEZ-MEDINA, OFFICER 4/8/05 (305) 643-5040 <small>Date Daytime Phone #</small>	



STAPLE CHECK HERE