



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A23022 1. Entity Name RJ HOLDINGS, LTD.					
Principal Place of Business 880 CARILLON PKWY. ST. PETERSBURG, FL 33716			Mailing Address 880 CARILLON PKWY. ST. PETERSBURG, FL 33716		
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 59-2871818	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GODBOLD, FRANCIS S. 880 CARILLON PKWY. ST. PETERSBURG, FL 33716				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. \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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 #	H84355		STREET ADDRESS		
NAME	RJ PARTNERS, INC.		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 12749/ NA				
CITY-ST-ZIP	ST. PETERSBURG, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: 			7/15/04 727/567-5003 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

