2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A26033

1. Entity Name
KENJEN, LIMITED

Principal Place of Business	Mailing Address
713 N.E. 26 AVE. FT. LAUDERDALE, FL 33304	713 N.E. 26 AVE. FT. LAUDERDALE, FL 33304

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

01252004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0031625

☐ 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
JENNINGS, DOUGLAS H., SR. 713 N.E. 26 AVE. FT. LAUDERDALE, FL 33304	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 ______ Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record $560,000.00

10. Amount of Capital Contributions in FLORIDA to date. $133,929.00

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	
NAME	PIKE, PATRICIA L.		
STREET ADDRESS	6053 HIBISCUS DR.	CITY-ST-ZIP	U00000082493 ~~03/09/04 00032 007 526.25~~
CITY-ST-ZIP	BATON ROUGE, LA		
DOCUMENT #		STREET ADDRESS	
NAME	JENNINGS, DOUGLAS H., SR		
STREET ADDRESS	713 N.E. 26 AVE.	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE, FL		
DOCUMENT #		STREET ADDRESS	
NAME			
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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: Patricia L. Pike 2/3/04 225-924-1772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #