


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr. 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000002</b>		
1. Entity Name <b>L&amp;J DEVELOPMENT, LTD.</b>		

Principal Place of Business <b>1585 FREDERICK BLVD. AKRON, OH 44320</b>	Mailing Address <b>1585 FREDERICK BLVD. AKRON, OH 44320</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>34-1770541</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>NOBIL, JAMES H 1001 NW 62ND ST #104 FT LAUDERDALE, FL 33309</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$980.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	<b>P93000088421</b>	STREET ADDRESS	
NAME	<b>LJ INVESTORS, INC.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>1585 FREDERICK BLVD</b>		
CITY - ST - ZIP	<b>AKRON, OH 44320</b>		
DOCUMENT #		STREET ADDRESS	<b>U00000157020</b>
NAME		CITY - ST - ZIP	<b>05/06/04-80009-003 141.25</b>
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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:**  **LB Levey, Partner 4/26/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE