


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A94000001687 1. Entity Name S&J FAMILY LIMITED PARTNERSHIP	
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FILED
 2004 APR 22 PM 3: 51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1355 SOUTH SUMMERLIN AVENUE ORLANDO FL 32806	Mailing Address 1355 SOUTH SUMMERLIN AVENUE ORLANDO FL 32806
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MOORE CR2E003 (11/03)

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 59-3282992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CARUSO, STEPHEN M 1355 SOUTH SUMMERLIN AVENUE ORLANDO FL 32806	

7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$49,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	CARUSO, STEPHEN M	CITY-ST-ZIP	
STREET ADDRESS	1355 SOUTH SUMMERLIN AVENUE		
CITY-ST-ZIP	ORLANDO FL 32806		
DOCUMENT #		STREET ADDRESS	
NAME	CARUSO, JILL W	CITY-ST-ZIP	
STREET ADDRESS	1355 SOUTH SUMMERLIN AVENUE		
CITY-ST-ZIP	ORLANDO FL 32806		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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: Stephen M Caruso **20 April 04** **407 648 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #