


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

<b>DOCUMENT # A95000001050</b> 1. Entity Name <b>WILJOHN, LTD.</b>	
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Principal Place of Business <b>2101 INDIAN ROAD WEST PALM BEACH FL 33409</b>	Mailing Address <b>2101 INDIAN ROAD WEST PALM BEACH FL 33409</b>
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2. Principal Place of Business <b>2145 INDIAN ROAD</b> Suite, Apt. #, etc.	3. Mailing Address <b>2145 INDIAN ROAD</b> Suite, Apt. #, etc.
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City & State <b>W. P. B., FL</b> Zip <b>33409</b>	Country <b>PALESTINE</b>	City & State <b>W. P. B., FL</b> Zip <b>33409</b>	Country <b>PALESTINE</b>
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4. FEI Number <b>65-0607038</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>MCALLISTER, WILLIAM S 2145 INDIAN ROAD WEST PALM BEACH FL 33409</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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$9,800.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P95000051701 MB HOLDING CORP. 2145 INDIAN ROAD WEST PALM BEACH FL 33409</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>000027891050 01/29/04--01057--004 **158.75</b>
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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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>1-76-04</b> <small>Date</small>	<b>561-616-9003</b> <small>Daytime Phone #</small>
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**FILED**

**04 JAN 29 AM 9:28**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



**MOORE CR2E003 (11/03)**

STAPLE CHECK HERE