## **2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**

SIGNATURE:

APPROVEL **DUE BY MAY 1, 2004 DOCUMENT # A95000001087** 04 APR -9 PH 3:51 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA RJE INVESTMENTS, LTD. Mailing Address Principal Place of Business 155 5TH AVE. SO., #5 ST. PETERSBURG FL 33701 155 5TH AVE. SO., #5 ST. PETERSBURG FL 33701 2. Principal Place of Business Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State Applied For 4. FEI Number 59-3388631 Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARDS, JANET L Street Address (P.O. Box Number is Not Acceptable) 155 5TH AVE. SO., #5 ST. PETERSBURG FL 33701 City 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, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS NAME EDWARDS, ROGER L STREET ADDRESS 155 5TH AVENUE SOUTH, #5 9000329**75**629 46/04-01065-003 \*\*14 CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY~ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STAPLE CHECK STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OOCUMENT-# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z 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

OF SIGNING GENERAL PARTNER

FOSER L. EDWARDS