2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

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DUE BY MAY 1, 2005				7 CEON FILED
DOCUMENT # A9500001087 1. Entity Name				SECRETARY OF STATE DIVISION OF CORPORATIONS
RJE INVE	STMENTS, LTD.			05 MAR -7 AM 9: 26
Principal Place	e of Business Mail	ing Address		
155 5TH AVE SO: #5 ST. PETERSBURG FL 33701 PO BOX 21458 ST PETERSBURG FL 33742				
2. Principal Pl	PADE HATTERAS WAR	ailing Address		
Suite, Apt. #, etc.				1ST MOORE CR2E003 (10/04)
City & State	TESTORE, H	ty & State		4. FEI Number 59-3388631 Applied For Not Applicable
3370	2 Country Zi	p Cou	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Registe	red Agent		7. Name and Address of New Registered Agent
- 	MADDO JANET I		Name JAI	UET EDWARDS -
EDWARDS, JANET L 155 5TH AVE. <u>SO.</u> #5 ST. <u>PETERSBURG</u> FL 33701			Street Address	(P.O. Box Number is Not Acceptable) AFE ////////////////////////////////////
			City	DETERCHURG FL 28707
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 tills if applicable DATE See Block: 11 instructions, for fee info.				
9. Capital Contributions \$1,000,00 10. Amount of Capital Contributions				
as Shown on record. in FLORIDA to date. 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 INFOR	MATION 13	·	ADDRESS CHANGES ONLY
NAME	EDWARDS, ROGER L		REET ADDRESS	97 CANE HATTERAS WAY #4
STREET ADDRESS	1.00		Y-ST-ZIP	1 - 1 Line 1/ = 2707
CITY-ST-ZIP DOCUMENT #	ST. PETERSBURG FL 33701			PETERSTORG, 19 55/02
NAME STREET ADDRESS		SI	REET ADDRESS	
CITY-ST-ZIP		CIT	Y-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		CIT	Y-ST-ZIP	500048186835 03/11/0501007018 **141.25
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NAME Street Address City-St-Zip		CIT	Y-ST-ZIP	
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DOCUMENT		STI	REET ADDRESS	
NAME STREET ADDRESS CITY-ST-2P		CIT	Y-ST-ZIP	
14. I hereby certify that the information supplied with this filling 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.				