


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

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002162</b>	
<b>1. Entity Name</b> P.J.L. FAMILY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 745 12TH AVENUE SOUTH, SUITE 100 NAPLES FL 34102	<b>Mailing Address</b> 745 12TH AVENUE SOUTH, SUITE 100 NAPLES FL 34102
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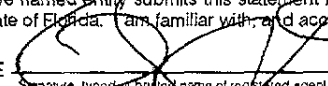
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

<b>4. FEI Number</b> 65-0727756	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  LONGE, THOMAS J 745 12TH AVENUE SOUTH, SUITE 100 NAPLES FL 34102	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b>  SIGNATURE  DATE 4-6-05	<b>11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.</b>
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<b>9. Capital Contributions as Shown on record.</b> \$1,500,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	P96000095910	STREET ADDRESS	
NAME	P.J.L. OF NAPLES, INC.	CITY-ST-ZIP	
STREET ADDRESS	745 12TH AVENUE SOUTH, SUITE 100		
CITY-ST-ZIP	NAPLES FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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04/18/05-80169-005 526.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-6-05 (239) 263-8902

Date

Daytime Phone #

STAPLE CHECK HERE