


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

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000869

1. Entity Name
REMJM, LTD.



Principal Place of Business Mailing Address
2381 BURNWAY ROAD 2381 BURNWAY ROAD
GRENELEFE FL 33844 GRENELEFE FL 33844

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent

MILLER, MURRAY J
REMJM MGT. CO.
2381 BURNWAY ROAD
GRENELEFE FL 33844

4. FEI Number Applied For
59-3431663 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____

9. Capital Contributions as Shown on record \$3,687,000.00 10. Amount of Capital Contributions in FLORIDA to date.

FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	P97000027881	STREET ADDRESS	
NAME	REMJM MGT. CO.	CITY-ST-ZIP	
STREET ADDRESS	2381 BURNWAY ROAD		
CITY-ST-ZIP	GRENELEFE FL 33844		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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02/08/05-80052-025 526.25

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: *Murray J Miller* Date: *2/8/05* Daytime Phone #: *856 3 422 9429*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #