


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
2005 APR 26 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A97000001393</b>			
1. Entity Name RJS REAL ESTATE HOLDINGS, LTD.			
Principal Place of Business C/O BRADY & BRADY, P.A. 370 W. CAMINO GARDENS BLVD., THIRD FLOOR BOCA RATON, FL 33432		Mailing Address 245 N. COUNTRY CLUB DR. ATLANTIS, FL 33462	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03232005	Chg-LP CR2E003 (10/03)
		4. FEI Number 65-0770485	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRADY, FRANK R ESQ. C/O BRADY & BRADY, P.A. 370 W. CAMINO GARDENS BLVD., THIRD FLOOR BOCA RATON, FL 33432		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 _____ <small>Signature, typed or printed name of registered agent and use if applicable.</small>			
9. Capital Contributions as Shown on record. \$12,800.00		10. Amount of Capital Contributions 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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SOPOURN, R. JORDAN JR.	CITY - ST - ZIP	
STREET ADDRESS	245 NORTH COUNTRY CLUB DRIVE		
CITY - ST - ZIP	ATLANTIS, FL 334621113		
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STREET ADDRESS			
CITY - ST - ZIP			
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: _____		4.20.05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE