



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001650 1. Entity Name SPENCER THREE HERMANOS LIMITED PARTNERSHIP					
Principal Place of Business 9500 N. HOLLYBROOK LAKE DRIVE PEMBROKE PINES, FL 33025			Mailing Address 9500 N. HOLLYBROOK LAKE DRIVE BLDG. 5, APT. 101 PEMBROKE PINES, FL 33025		
2. Principal Place of Business Suite, Apt. #, etc. _____		3. Mailing Address Suite, Apt. #, etc. _____			
City & State _____		City & State _____		4. FEI Number 65-0777689	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$3,000,000.00			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 #	P97000043219		STREET ADDRESS		
NAME	BJM HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	9500 NO. HOLLYBROOK LAKE DRIVE, #101		UN00000213888 03/23/05-80047-003 526.25		
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP		
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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: BENITO SPENCER			3/14/2005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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