


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A97000001680	
<b>1. Entity Name</b> LMJ PARTNERS, LTD.	

<b>Principal Place of Business</b> 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139	<b>Mailing Address</b> 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139
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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



MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 65-0752527	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<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>	
HELLER, DAN P ESQ. RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL 701 BRICKELL AVENUE, SUITE 1900 MIAMI FL 33131	
<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable **DATE** \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b>	\$1,000,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>	JUDY DREILING LEASE, TRUSTEE	<b>CITY - ST - ZIP</b>	000000130958 04/27/04-90001-002 525.25
<b>STREET ADDRESS</b>	407 LINCOLN ROAD, SUITE 700		
<b>CITY - ST - ZIP</b>	MIAMI BEACH FL 33139		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>	MICHAEL PAUL DREILING, TRUSTEE	<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	407 LINCOLN ROAD, SUITE 700		
<b>CITY - ST - ZIP</b>	MIAMI BEACH FL 33139		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>	FRED MILLER, TRUSTEE	<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	407 LINCOLN ROAD, SUITE 700		
<b>CITY - ST - ZIP</b>	MIAMI BEACH FL 33139		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			

**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:**  Michael Dreiling 4/16/04 305-779-2735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE