


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

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001680					
1. Entity Name LMJ PARTNERS, LTD.					
Principal Place of Business 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139			Mailing Address 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HELLER, DAN P ESQ. RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL 701 BRICKELL AVENUE, SUITE 1900 MIAMI FL 33131				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.		\$1,000,000.00		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 #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP			CITY- ST- ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
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STREET ADDRESS	CITY- ST- ZIP			CITY- ST- ZIP	



1ST MOORE CR2E003 (10/04)

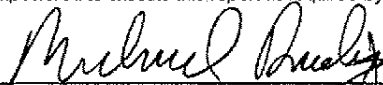
4. FEI Number 65-0752527 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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02/02/05-80003-021 526.25

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-77-05 (305) 534-5102

Date Daytime Phone #