## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

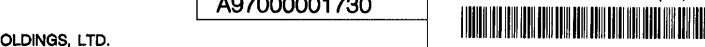
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A97000001730

97 DEC 31 PM 2: 47





MJ HOLDINGS, LTD.				014 <b>60</b> 14 <b>66</b> 44	B  8     B      B  8
Malling Address  P.O. BOX 1489  FT-KNOX-KY-40121	Principal Office Address  P.O. BOX 190671 FORT LAUDERDALE FL 33319  2a. Principal Office Address  Suite, Apt. #, etc.		3. Date Formed or Registered  08/11/1997  3a. Date of Last Report	5a. Capital Contributions as Shown on record	
2. Malling Address P.O. BOX 1906]]			4. State or Country of Formation FL 6. FEI Number	→ Conl	5b. Amount of Capital Contributions in Ft Offilia to date:
City & State  FORT WAREFULLE F  Zip Country  33319 Brown	City & State  Zip Country		7. Certificate of Status Desired  8. Make check payable to: Dopt. of	Applied For Not Applicable  \$8.75 Additional Fee Required  State (See reverse side for fee information	
9. Name and Address of Current Registered Agent  JOHNSON, MARCELLUS J  2551 NW 41 AVE., #203  LAUDERHILL FL 33313		10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.			
I Qa. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of Florida. Such				
HIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT MUST	T IS A CORPORATION, LIMIT ST BE REGISTERED AND AC	ED PART	INERSHIP OR OTHE TH THIS OFFICE.		NESS ENTITY
11. Name(s) of General Pertner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbe	1'	City, State & Zip Code	11c.	Registration/ Document Number
JOHNSON, MARCELLUS J	2551 NW 41 AVE., #203	1	LAUDERHILL FL 33313		
		1.48-1	000002401170 2 -01/15/9801034005 ****158.25 ****156.25		
Note: General partners MAY NO	T be changed on this form; an a	amendme	ent must be filed to cha	ange a o	eneral partner.

12. I do here by certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal offects as if made under early. I further certify that I am a General Pariner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes

SIGNATURE Marelles SIGNATURE Mane of General Parliner Signing Form. Mas (211) 5. Johnson Daytime Telephone Number, 502 942 - 6408

DATE 12/28/97