


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

DOCUMENT # A97000002378 1. Entity Name R.B. & J. ASSOCIATES, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -9 AM 9:17

Principal Place of Business 226 NORTH DUVAL STREET TALLAHASSEE FL 32301	Mailing Address P.O. BOX 13633 TALLAHASSEE FL 32317-3633
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

[Handwritten signature]



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0313517	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 RUDNICK, JAMES M 226 NORTH DUVAL STREET TALLAHASSEE FL 32391	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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

9. Capital Contributions as Shown on record. \$300.00

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 #	P97000093580	STREET ADDRESS	
NAME	R.B. & J. ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	226 NORTH DUVAL STREET		
CITY-ST-ZIP	TALLAHASSEE FL 32301		
DOCUMENT #		STREET ADDRESS	700048498847
NAME		CITY-ST-ZIP	03/16/05--01009--012 **141.25
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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: *[Handwritten signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/8/05 850 671-1999
Date Daytime Phone #

STAPLE CHECK HERE