

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

DOCUMENT # A98000001630

1. Entity Name
A TRIPLE J, LTD.



FILED
Aug 29, 2005 8:00 A.M.
Secretary of State

Principal Place of Business
5700 NORTH FEDERAL HIGHWAY, SUITE ONE
FORT LAUDERDALE, FL 33308

Mailing Address
5700 NORTH FEDERAL HIGHWAY, SUITE C
FORT LAUDERDALE, FL 33308



08012005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
74-2882257

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KATZ, ARMAND H 5700 NORTH FEDERAL HIGHWAY, SUITE ONE FORT LAUDERDALE, FL 33308		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 Armand H. Katz DATE August 1, 2005

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$4,800.00

10. Amount of Capital Contributions in FLORIDA to date. \$4,800

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	P98000059065	STREET ADDRESS	
NAME	KCL&R, INC.	CITY-ST-ZIP	
STREET ADDRESS	5700 NORTH FEDERAL HIGHWAY, SUITE ONE		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100059188821 08/31/05--01049--015 **88.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100059188821 08/31/05--01049--016 **52.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: Armand H. Katz Armand H. Katz 8/1/05 954 491-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE