


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001693</b> 1. Entity Name <b>MJM DIXIE LIMITED PARTNERSHIP</b>	
--	---

Principal Place of Business <b>3181 NORTH 34TH STREET</b> <b>HOLLYWOOD, FL 33021</b>	Mailing Address <b>3181 N. 34TH STREET</b> <b>HOLLYWOOD, FL 33021</b>
--	---

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



02232004    Chg-LP    CR2E003 (10/03)

4. FEI Number <b>65-0854153</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
------------------------------------	--	--

6. Name and Address of Current Registered Agent  <b>HABER, ROBERT M</b> <b>520 BRICKELL KEY DRIVE, SUITE 0-305</b> <b>MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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.

9. Capital Contributions as Shown on record. <b>\$314,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	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												
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td>P98000061941</td> </tr> <tr> <td>NAME</td> <td>MJM DIXIE MANAGEMENT CORPORATION</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3181 N. 34TH STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33021</td> </tr> </table>	DOCUMENT #	P98000061941	NAME	MJM DIXIE MANAGEMENT CORPORATION	STREET ADDRESS	3181 N. 34TH STREET	CITY-ST-ZIP	HOLLYWOOD, FL 33021	<table border="1" style="width:100%"> <tr> <td style="width:15%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	P98000061941												
NAME	MJM DIXIE MANAGEMENT CORPORATION												
STREET ADDRESS	3181 N. 34TH STREET												
CITY-ST-ZIP	HOLLYWOOD, FL 33021												
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:15%">STREET ADDRESS</td> <td>U000000087840</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>03/15/04-80027-005 535.00</td> </tr> </table>	STREET ADDRESS	U000000087840	CITY-ST-ZIP	03/15/04-80027-005 535.00
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY-ST-ZIP													
STREET ADDRESS	U000000087840												
CITY-ST-ZIP	03/15/04-80027-005 535.00												
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:15%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY-ST-ZIP													
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:15%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY-ST-ZIP													
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:15%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY-ST-ZIP													
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:15%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
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)(b), 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]* 2/25/03 954.6122855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE