

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A98000002694	
1. Entity Name RJKAYAL ENTERPRISES, LTD.	



FILED
05 MAR -3 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6910 N.W. 12TH STREET MIAMI, FL 33126	Mailing Address 6910 N.W. 12TH STREET MIAMI, FL 33126
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0883220	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAYAL, RAMOND J 6910 N.W. 12TH STREET MIAMI, FL 33126		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 _____
Signature, typed or printed name of registered agent; and title if applicable

9. Capital Contributions as Shown on record. \$707,850.00	10. Amount of Capital Contributions in FLORIDA to date. -0-
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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 #	M98000001444	STREET ADDRESS	
NAME	RJKAYAL ENTERPRISES, LLC	CITY-ST-ZIP	
STREET ADDRESS	6910 N.W. 12TH STREET		
CITY-ST-ZIP	MIAMI, FL 33126		
DOCUMENT #		STREET ADDRESS	300047969073
NAME		CITY-ST-ZIP	03/08/05--01064--009 **141.25
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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: *[Signature]* **RAYMOND J. KAYAL SR.** 12/10/05 3055945754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE