

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

FILED

2004 JAN 16 AM 8:41

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A99000000265</b> 1. Entity Name <b>WOOLBRIGHT PROFESSIONAL BUILDING, LTD.</b>					
Principal Place of Business <b>2240 WOOLBRIGHT RD., SUITE 300          BOYNTON BEACH, FL 33426</b>			Mailing Address <b>2240 WOOLBRIGHT RD., SUITE 300          BOYNTON BEACH, FL 33426</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01092004    Chg-LP    CR2E003 (10/03)	
City & State		City & State		4. FEI Number <b>65-0895105</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>APPIGNANI, LOUIS J          2240 WOOLBRIGHT RD., SUITE 300          BOYNTON BEACH, FL 33426</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$10,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>P99000014194</b> NAME <b>LJA PROPERTIES, INC.</b> STREET ADDRESS <b>2240 WOOLBRIGHT RD., SUITE 300</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33426</b>			STREET ADDRESS CITY-ST-ZIP		
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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: <i>Louis J Appignani</i> 1/12/04    561-364-5550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #</small>					

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