


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

<b>DOCUMENT # A99000000268</b>		
1. Entity Name WILES ROAD BUSINESS CENTER, LTD.		

Principal Place of Business 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426	Mailing Address 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State		City & State	
Zip	Country	Zip	Country

**FILED**

2004 JAN 16 AM 8:48

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



01092004    Chg-LP    CR2E003 (10/03)

4. FEI Number 65-0895104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  APPIGNANI, LOUIS J 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. <b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P99000014194	STREET ADDRESS	
NAME	LJA PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2240 WOOLBRIDGE RD., SUITE 300		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

**200027111312**  
01/16/04--01060--007 \*\*158.75

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:** Louis Appignani      1/16/04      521-364-5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE