



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001303 1. Entity Name THE K.J.J. ENTERPRISES LIMITED PARTNERSHIP					
Principal Place of Business 18920 S.W. 309TH ST. HOMESTEAD, FL 33030			Mailing Address 18920 S.W. 309TH ST. HOMESTEAD, FL 33030		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 65-0940110				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPPE, PATRICIA 18920 SW 309TH ST HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent 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 _____					
9. Capital Contributions as Shown on record \$5,000.00			10. Amount of Capital Contributions in FLORIDA to 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		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	KORAN, JULIETTE 18920 S.W. 309TH ST. HOMESTEAD, FL 33030		STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			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)(f), 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>Juliette Koran</i>			3/3/04 305-247-0221		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE