


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A99000001802</b> 1. Entity Name <b>LJM GROUP INVESTMENTS LIMITED</b>			
Principal Place of Business <b>531 N. OCEAN BLVD., #1004 POMPANO BEACH FL 33062</b>		Mailing Address <b>531 N. OCEAN BLVD., #1004 POMPANO BEACH FL 33062</b>	
2. Principal Place of Business <b>SAM GENCO 531 N. Ocean Blvd #1004 Pompano Bch. FL 33062</b>		3. Mailing Address <b>531 N. Ocean Blvd Suite, Apt. #, etc. 1004 Pompano Bch. FL</b>	
Zip <b>33062</b>	Country <b>USA</b>	Zip <b>33062</b>	Country <b>USA</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 28 PM 1:35



MOORE CR2E003 (11/03)

4. FEI Number <b>65-0982497</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GENCO, SAMUEL 531 N. OCEAN BLVD., #1004 POMPANO BEACH FL 33062</b>		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>\$5,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	--	--

**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	
NAME	GENCO, SAMUEL	CITY-ST-ZIP	<b>100027709061</b>
STREET ADDRESS	531 N. OCEAN BLVD. #1004		<b>01/28/04-01019-001 **141.25</b>
CITY-ST-ZIP	POMPANO BEACH FL 33062		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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:** *Samuel Genco* **Samuel Genco** 1-23-04 785-1698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE