

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

FILED


04 APR 16 PM 4:31

TALLAHASSEE FLORIDA

MDJH



03292004 Chg-LP CR2E003 (10/03) 4110

<b>DOCUMENT # A99000002115</b>					
1. Entity Name MJB CAPITAL, LIMITED PARTNERSHIP					
Principal Place of Business 308 TIMBERLINE TERRACE <i>TRAIL</i> ORMOND BEACH, FL 32174			Mailing Address 308 TIMBERLINE TERRACE <i>TRAIL</i> ORMOND BEACH, FL 32174		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3615713	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,630,329.00		10. Amount of Capital Contributions in FLORIDA to date. 2,630,329			
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 #	L99000008937		STREET ADDRESS	<i>TRAIL</i>	
NAME	MJB CAPITAL MANAGEMENT, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	308 TIMBERLINE TERRACE <i>TRAIL</i>				
CITY-ST-ZIP	ORMOND BEACH, FL 32174				
DOCUMENT #			STREET ADDRESS	300035808153	
NAME			CITY-ST-ZIP	05/10/04--01054--004 **526.25	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			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: <i>Mary Jane Bryant</i>			4-13-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE