


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000002177		
1. Entity Name ANJILL LTD.		

Principal Place of Business 18151 NE 31ST CT PH 216 AVENTURA, FL 33160	Mailing Address 18151 NE 31ST CT PH 216 AVENTURA, FL 33160
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0968137	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, MARK R 241 BRADLEY PLACE PALM BEACH, FL 33480		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,070,506
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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 #	NAME	STREET ADDRESS	
	GOTTLIEB, ANDREW	CITY-ST-ZIP	
STREET ADDRESS	18151 N.E. 31ST COURT, CPH-216		
CITY-ST-ZIP	AVENTURA, FL 331602660		
DOCUMENT #	NAME	STREET ADDRESS	
	SEAGRAVES, JILL G	CITY-ST-ZIP	
STREET ADDRESS	85 INWOOD AVENUE		
CITY-ST-ZIP	UPPER MONTCLAIR, NJ 07043		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

M. THOMAS

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: Andrew M. Gottlieb 1/16/04 954-922-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

FILED

04 FEB -2 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

