

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

**DOCUMENT # B01000000209**

1. Entity Name  
**SJS - PALM BEACH GARDENS, L.P.**



Principal Place of Business  
**1110 WYNWOOD AVENUE  
 CHERRY HILL, NJ 08002**

Mailing Address  
**1110 WYNWOOD AVENUE  
 CHERRY HILL, NJ 08002**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**22-3800368**

Applied For  
 Not Applicable

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record. **\$99.00**

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 # **F01000003197**  
 NAME **SJS DEVELOPERS, INC.**  
 STREET ADDRESS **1110 WYNWOOD AVENUE**  
 CITY-ST-ZIP **CHERRY HILL, NJ 08002**

STREET ADDRESS **400027311604**  
 CITY-ST-ZIP **02/20/04--01030--004 \*\*88.75**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP **400027311604**  
**01/21/04--01010--020 \*\*52.50**

DOCUMENT #  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED**

**2004 FEB 20 PM 3:38**

**DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA**



STAPLE CHECK HERE