
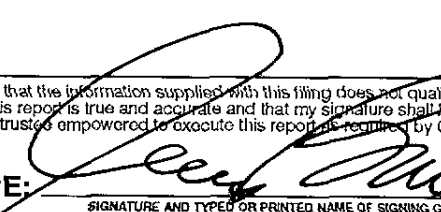


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # B01000000210					
1. Entity Name SJS - WEST PALM BEACH, 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
			01122005 Chg-LP CR2E003 (10/03)		
			4. FEI Number 22-3800365		Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$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 32301-2525				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. \$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		STREET ADDRESS		
NAME	SJS WEST PALM BEACH DEVELOPERS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1110 WYNWOOD AVENUE				
CITY-ST-ZIP	CHERRY HILL, NJ 08002				
DOCUMENT #			STREET ADDRESS	1100000196833	
NAME				01/26/05-80086-012 141.25	
STREET ADDRESS			CITY-ST-ZIP		
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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: 			Date 1/21/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE