2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 12 PM 12:38

03012004 Chg-LP CR2E003 (10/03)

DOCUMENT # B97000000236

1. Entity Name
SJMJ LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1 JASON RIDGE WASHINGTON, MO 63090	1 JASON RIDGE WASHINGTON, MO 63090

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 1038	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Washington, MO	
Zip	Country	Zip: 63090	Country: U.S.

4. FEI Number: 43-1620209 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA, SUITE 1
TALLAHASSEE, FL 32301

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

9. Capital Contributions as Shown on record.	$272,250.00	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 #	F97000002667	STREET ADDRESS	
NAME	SHILO COMPANY		
STREET ADDRESS	P.O. BOX 1038	CITY-ST-ZIP	
CITY-ST-ZIP	WASHINGTON, MO 63090		
DOCUMENT #		STREET ADDRESS	300031673243
NAME			~~04/01/04 01014 030 **526.25~~
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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: John Lochirco John Lochirco, Sec. of Shilo 3/2/04 (636) 583-9430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #