

- 2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # B97000000236

1. Entity Name
SJMJ LIMITED PARTNERSHIP



Principal Place of Business
**1 JASON RIDGE
WASHINGTON, MO 63090**

Mailing Address
**P.O. BOX 1038
WASHINGTON, MO 63090**

DO NOT WRITE IN THIS SPACE



04262006 No Chg-LP

CR2E003 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **F97000002667**
NAME **SHILO COMPANY**
STREET ADDRESS **P.O. BOX 1038**
CITY - ST - ZIP **WASHINGTON, MO 63090**

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**U00000538776
05/09/06-80074-019 500.00**

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IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Lochner **John Lochner V.P. Shilo Company** 4/26/06 636-583-9430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #