


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # B99000000202	
1. Entity Name FJ ASSOCIATES (MI) LIMITED PARTNERSHIP	

Principal Place of Business 31800 NORTHWESTERN HIGHWAY, SUITE 207 FARMINGTON HILLS, MI 48334	Mailing Address 31800 NORTHWESTERN HIGHWAY, SUITE 207 FARMINGTON HILLS, MI 48334
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01312005 Chg-LP CR2E003 (10/03)

4. FEI Number 38-2729286		Applied For <input type="checkbox"/> 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	
ARGENTI, ROBERT C/O FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY #200 CORAL SPRINGS, FL 33071		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] DATE: 2/1/05

9. Capital Contributions as Shown on record \$0.00	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 #	JADE, AARON J	STREET ADDRESS	
NAME	31800 NORTHWESTERN HIGHWAY, SUITE 207	CITY-ST-ZIP	
STREET ADDRESS	FARMINGTON HILLS, MI 48334		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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: [Signature] DATE: 2/1/05 DAYTIME PHONE: 248-343-8609

STAPLE CHECK HERE