


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000897
1. Entity Name
GJC ENTERPRISES LIMITED



Principal Place of Business — Mailing Address
**2990 SOUTH STREET
LEESBURG FL 34748** **P.O. BOX 491684
LEESBURG FL 34749**

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



1st MOORE CR2E003 (10/05)

4. FEI Number Applied For
65-1012183 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

**CLEMONS, GEORGE J
39433 HARBOR HILLS BOULEVARD
LADY LAKE FL 32159**

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	P00000049112	STREET ADDRESS	
NAME	GJC INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2990 SOUTH STREET		
CITY-ST-ZIP	LEESBURG FL 34748		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	U00000514548
STREET ADDRESS			04/29/06-80169-018 500.00
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: George J. Clemons **George J. Clemons** 4/13/06
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #