

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # A0400000237

1. Entity Name
GJC PARTNERSHIP, LTD.



Principal Place of Business
5780 MIDNIGHT PASS RD, UNIT 402-B
SARASOTA, FL 34242

Mailing Address
5780 MIDNIGHT PASS RD, UNIT 402-B
SARASOTA, FL 34242



04242007 No Chg-LP CR2E003 (12/06)

4. FEI Number
20-0753635 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, PA
802 - 11TH ST WEST
BRADENTON, FL 34205

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, 2007, 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 #	L04000012106
NAME	GJC, LLC
STREET ADDRESS	5780 MIDNIGHT PASS RD, UNIT 402-B
CITY-ST-ZIP	SARASOTA, FL 34242
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000748625
 05/17/07-80077-001-500.00

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone *

[Handwritten Signature]
 4/27/07 941-747-5404