


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A27812
 1. Entity Name
A J A PROPERTIES NO. 2, LTD.



Principal Place of Business Mailing Address
 C/O PETER LAWRENCE COMMERCIAL REAL ESTATE C/O PETER LAWRENCE COMMERCIAL REAL ESTATE
 4710 EISENHOWER BLVD., SUITE C-1 4710 EISENHOWER BLVD., SUITE C-1
 TAMPA, FL 33634-6334 TAMPA, FL 33634-6334



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

02172004 Chg-LP CR2E003 (10/03)
 4. FEI Number Applied For
 65-0102868 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
 PETER LAWRENCE COMMERCIAL REAL ESTATE, INC
 4710 EISENHOWER BLVD.
 SUITE C-1
 TAMPA, FL 33634-6334
 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

9. Capital Contributions as Shown on record. \$1,875,000.00 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 #	KB4144	STREET ADDRESS	
NAME	NALLA 2600 CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1		U00000131457
CITY-ST-ZIP	TAMPA, FL 336346334		04/27/04-80006-015 526.25
DOCUMENT #		STREET ADDRESS	
NAME		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 exemption stated in Section 119.07(3)(f), 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:  Kristopher W. Hager 3/10/04 013-889-8855
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #