


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Apr 12, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A27812</b> 1. Entity Name A J A PROPERTIES NO. 2, LTD.	
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Principal Place of Business C/O PETER LAWRENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334	Mailing Address C/O PETER LAWRENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334
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01042007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0102868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PETER LAWRENCE COMMERCIAL REAL ESTATE, INC 4710 EISENHOWER BLVD. SUITE C-1 TAMPA, FL 33634-6334
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 # NAME STREET ADDRESS CITY - ST - ZIP	K84144 NALLA 2600 CORPORATION 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 336346334
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04/20/07-80026-003 500.00

**DO NOT WRITE 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: Kristopher Hoover 02/28/07 813-889-8855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
*President*