

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013724 AT

DOCUMENT # A27812

1. Entity Name
A J A PROPERTIES NO. 2, LTD.



FILED

03 MAY -6 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0102868** Applied For
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. 11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	K84144	STREET ADDRESS	
NAME	NALLA 2600 CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1		
CITY-ST-ZIP	TAMPA FL 33634-6334		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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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 REQUIRED *Christopher M. Haver* 2/24/03 813-889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE