

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A28236
 1. Entity Name
 A J A PROPERTIES NO. 4, LTD.



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



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

04072005 Chg-LP CR2E003 (10/03)
 4. FEI Number: 59-2958212 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 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

7. Name and Address of New Registered Agent
 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: \$1,050,000.00
 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	
DOCUMENT #	K72328
NAME	THE NALLA CORPORATION OF TAMPA, INC.
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1
CITY-ST-ZIP	TAMPA, FL 336346334
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	UN0000361708
CITY-ST-ZIP	05/05/05-80087-011 526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 M. HOOVER Date: 4/14/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #: 813-889-8855