

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000000699

1. Entity Name
CJC PROPERTIES, LTD.



Principal Place of Business
695 BENJAMIN CHAIRES ROAD
TALLAHASSEE, FL 32317

Mailing Address
695 BENJAMIN CHAIRES ROAD
TALLAHASSEE, FL 32317



01312008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3312729

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDRUM, CAROL C
695 BENJAMIN CHAIRES ROAD
TALLAHASSEE, FL 32317

**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

0000000821422
02/19/08-80024-012 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
CHAPMAN, JOHN W JR.
3436 WEEMS ROAD
TALLAHASSEE, FL 32308

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
LANDRUM, CAROL C
695 BENJAMIN CHAIRES ROAD
TALLAHASSEE, FL 32317

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Carol C. Landrum* CAROL C. LANDRUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

2-7-08 850-878-1412

STAPLE CHECK HERE