


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001667

1. Entity Name
 AJL, LTD.



Principal Place of Business: 901 VENETIA BAY BLVD., STE. 300, VENICE, FL 34285
 Mailing Address: 901 VENETIA BAY BLVD., STE. 300, VENICE, FL 34285

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



04202005 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0641931 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: RJM OF SARASOTA, INC., 901 VENETIA BAY BLVD., STE. 300, VENICE, FL 34292
 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 filer if applicable

9. Capital Contributions as Shown on record: \$518,640.00
 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 #	P95000082651	STREET ADDRESS	100000366815
NAME	RJM OF SARASOTA, INC.	CITY-ST-ZIP	05/16/05-80007-017 526.25
STREET ADDRESS	901 VENETIA BAY BLVD., STE. 300	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: _____ Daytime Phone #: _____