2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000002881

1. Entity Name
KDJ, LTD.

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

Principal Place of Business	Mailing Address
280 GULF BLVD BELLEAIR SHORES, FL 33786	3550 CORPORATE WAY, SUITE C DULUTH, GA 30096

01192007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2052 Ben Franklin Dr	
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State
Zip: 34236 Country: USA	Zip Country

4. FEI Number: 59-3486417 ☐ 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
MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., STE. 309 TAMPA, FL 33629	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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000106046	STREET ADDRESS	2052 Ben Franklin Dr. #201
NAME	KDJGP, INC.	CITY-ST-ZIP	Sarasota FL 34236
STREET ADDRESS	280 GULF BLVD		
CITY-ST-ZIP	BELLEAIR SHORES, FL 33786		
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CITY-ST-ZIP			

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: _____ 1/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #