


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # A99000001416 1. Entity Name AMKBJ PARTNERS, LTD. LLLP	
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Principal Place of Business 7457 PARK LANE LAKE WORTH, FL 33467	Mailing Address 7457 PARK LANE LAKE WORTH, FL 33467
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01142008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0952578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LANCIANESE, MICHELLE  
7457 PARK LANE  
LAKE WORTH, FL 33467

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	P99000051302
NAME	AMKBJ, INC.
STREET ADDRESS	7457 PARK LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000790934  
01/23/08-80053-019 500.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 1-16-08 DAYTIME PHONE #: 561-457-2907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER