


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

DOCUMENT # A0000001536

1. Entity Name  
TWJ, LTD.



**FILED**  
05 MAY -1 PM 1:18  
06 MAY -1 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business: 100 SOUTH BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131  
Mailing Address: 100 SOUTH BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131



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

02152006 Chg-LP CR2E003 (11/05)

4. FEI Number: 65-1046647  
Applied For:  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HOLLO, JEROME  
100 SOUTH BISCAYNE BOULEVARD, SUITE 1100  
MIAMI, FL 33131

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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 #	L00000006347
NAME	EXCEL.COM, LLC
STREET ADDRESS	266 NORTHEAST 70TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
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	100 S BISCAYNE BLVD SUITE 1100
CITY-ST-ZIP	MIAMI, FL 33131
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000074699680
CITY-ST-ZIP	05/17/06--01005--023 **500.00
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 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: 5/18/06 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER