

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A97000001680

1. Entity Name

LMJ PARTNERS, LTD.



FILED

08 FEB 19 PM 1:45

SECRETARY OF STATE



Principal Place of Business Mailing Address
 407 LINCOLN ROAD, SUITE 700 407 LINCOLN ROAD, SUITE 700
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0752527

Applied For
 Not Applicable

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

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELLER, DAN P ESQ.
 RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL
 701 BRICKELL AVENUE, SUITE 1900
 MIAMI FL 33131

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

Signature, typed or printed name of registered agent and true and accurate.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #
 NAME JUDY DREILING LEASE, TRUSTEE
 STREET ADDRESS 407 LINCOLN ROAD, SUITE 700
 CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS
 CITY-ST-ZIP
 900118450069
 02/20/08--01033--009 **\$26.25

DOCUMENT #
 NAME MICHAEL PAUL DREILING, TRUSTEE
 STREET ADDRESS 407 LINCOLN ROAD, SUITE 700
 CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME FRED MILLER, TRUSTEE
 STREET ADDRESS 407 LINCOLN ROAD, SUITE 700
 CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

1/25/08 305-534-5102

STAPLE CHECK HERE