

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 12:13

DOCUMENT # A00000001536

1. Entity Name
 TWJ, LTD.



Principal Place of Business
 100 SOUTH BISCAYNE BOULEVARD,
 STE 900
 MIAMI, FL 33131

Mailing Address
 100 SOUTH BISCAYNE BOULEVARD, SUITE 900
 MIAMI, FL 33131

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

3. Mailing Address

100 S Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 900

City & State

City & State
 miami FL

Zip

Country

Zip

33131

Country

USA

04092008

Chg-LP

CR2E003 (12/06)

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,
 STE 900
 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

Signature, typed or printed name of registered agent and title if applicable

DATE

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 # L00000006347
 NAME EXCEL.COM, LLC
 STREET ADDRESS 100 SOUTH BISCAYNE BOULEVARD, STE 900
 CITY-ST-ZIP MIAMI, FL 33131

13. ADDRESS CHANGES ONLY

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 NAME
 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 #

STAPLE CHECK HERE