


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 08 APR 25 2008 PM 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 1100 MIAMI, FL 33131 900	
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	Country
		33131	USA
4. FEI Number 65-1046647		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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.		300125750748 04/25/08--01002--009 **500.00	
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		DATE	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000006347	STREET ADDRESS	
NAME	EXCEL.COM, LLC	CITY-ST-ZIP	
STREET ADDRESS	100 SOUTH BISCAYNE BOULEVARD, STE 900		
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: _____		Date _____	
Signature and typed or printed name of signing general partner		Date	

STAPLE CHECK HERE