
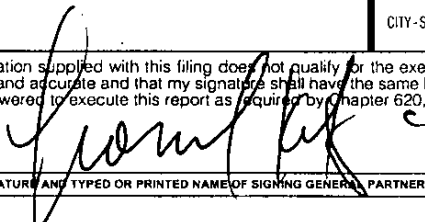


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 08 APR 25 2008 PM 12:13

|  |                                       |  |         |
|--|---------------------------------------|--|---------|
| DOCUMENT # A00000001536  |                                       |   |         |
| 1. Entity Name<br>TWJ, LTD.  |                                       |  |         |
| Principal Place of Business<br>100 SOUTH BISCAYNE BOULEVARD,<br>STE 900<br>MIAMI, FL 33131   |                                       | Mailing Address<br>100 SOUTH BISCAYNE BOULEVARD, SUITE 1100<br>MIAMI, FL 33131<br>900  |         |
| 2. Principal Place of Business - No P.O. Box #   |                                       | 3. Mailing Address<br>100 S Biscayne Blvd  |         |
| Suite, Apt. #, etc.  |                                       | Suite, Apt. #, etc.<br>Ste 900   |         |
| City & State   |                                       | City & State<br>miami FL   |         |
| Zip  | Country                               | Zip  | Country |
| 33131  |                                       | 33131  | USA     |
| 4. FEI Number<br>65-1046647  |                                       | Applied For<br>Not Applicable  |         |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                       | \$8.75 Additional Fee Required   |         |
| 6. Name and Address of Current Registered Agent<br>HOLLO, JEROME<br>100 SOUTH BISCAYNE BOULEVARD,<br>STE 900<br>MIAMI, FL 33131  |                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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   |                                       | 04/25/08--01002--009 **500.00  |         |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><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><br><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  |         |
| STREET ADDRESS   |                                       |  |         |
| CITY-ST-ZIP  |                                       |  |         |
| DOCUMENT #   |                                       | STREET ADDRESS   |         |
| NAME   |                                       | CITY-ST-ZIP  |         |
| STREET ADDRESS   |                                       |  |         |
| CITY-ST-ZIP  |                                       |  |         |
| DOCUMENT #   |                                       | STREET ADDRESS   |         |
| NAME   |                                       | CITY-ST-ZIP  |         |
| STREET ADDRESS   |                                       |  |         |
| CITY-ST-ZIP  |                                       |  |         |
| DOCUMENT #   |                                       | STREET ADDRESS   |         |
| NAME   |                                       | 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:    |                                       | Date: 4.25.08  |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                                       | Daytime Phone #  |         |

STAPLE CHECK HERE