

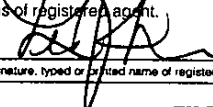
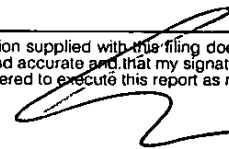


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 8:23

DOCUMENT #A01000001523 1. Entity Name CJ INVESTMENT SERVICES, LTD.					
Principal Place of Business C/O L. GAIL MARKHAM 8961 CONFERENCE DRIVE FT. MYERS, FL 33919			Mailing Address C/O L. GAIL MARKHAM 8961 CONFERENCE DRIVE FT. MYERS, FL 33919		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03292006 Chg-LP CR2E003 (11/05)	
Zip		Zip		4. FEI Number 02-0605048	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, DENNIS R C/O DENNIS R. WHITE, P.A. 4099 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103-3548				7. Name and Address of New Registered Agent Name <u>LESTER LAW</u> Street Address (P.O. Box Number is Not Acceptable) <u>PELICAN BAY CORPORATE CENTRE</u> <u>5551 RIDGEWOOD DR. STE 501</u> City <u>NAPLES</u> FL Zip Code <u>34108</u>	
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  <u>LESTER B. LAW</u>				DATE <u>3/31/06</u>	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P01000109583		STREET ADDRESS		
NAME	CJ MANGEMENT SERVICES, INC.		CITY-ST-ZIP		
STREET ADDRESS	8961 CONFERENCE DRIVE				
CITY-ST-ZIP	FT. MYERS, FL 33919				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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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 <u>3/29/06</u> DAYTIME PHONE <u>239-433-5554</u>		

STAPLE CHECK HERE