

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 10: 04

DOCUMENT # A03000001174

1. Entity Name
 LEJALY LIMITED PARTNERSHIP



Principal Place of Business
 672 LAKEWOOD CIRCLE WEST
 DELRAY BEACH, FL 33445

Mailing Address
 672 LAKEWOOD CIRCLE WEST
 DELRAY BEACH, FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006 Chg-LP CR2E003 (11/05)

4. FEI Number
 APPLIED FOR 20-097499

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAR, SARAF AE
 672 LAKEWOOD CIRCLE WEST
 DELRAY BEACH, FL 33445

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, 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 # P03000084104
 NAME LEJALY, INC.
 STREET ADDRESS 672 LAKEWOOD CIRCLE WEST
 CITY-ST-ZIP DELRAY BEACH, FL 33445

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

100068093381
 03/20/06--01014--025 **500.00

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: Sarahae Dean
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-1-06

Date

Daytime Phone #

STAPLE CHECK HERE