


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 13, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A03000001319 1. Entity Name PJM LIMITED PARTNERSHIP, LLLP |  |
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|---|---|
| Principal Place of Business 699 5TH AVE. SOUTH NAPLES, FL 34102 | Mailing Address 699 5TH AVE. SOUTH NAPLES, FL 34102 |
|---|---|



01092007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-0215480 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MCCABE, PHILLIP J 699 5TH AVE. SOUTH NAPLES, FL 34102 |
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| DO NOT WRITE IN THIS SPACE |
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # | P03000099229 |
| NAME | MCCABE'S, INC. |
| STREET ADDRESS | 699 5TH AVE. SOUTH |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| DO NOT WRITE IN THIS SPACE U00000706157 04/24/07-80024-002 500.00 |
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STAPLE CHECK HERE

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:

Phillip J. McCabe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/5/07

Date

239-263-0723

Daytime Phone #