2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED Mar 17, 2008 08:00 A Secretary of State

DOCUMENT	#A0300001319

1. Entity Name

PJM LIMITED PARTNERSHIP, LLLP



Principal Place of Business 699 5TH AVE. SOUTH NAPLES, FL 34102 Mailing Address 699 5TH AVE. SOUTH NAPLES, FL 34102



01152008 No Chg-LP

CR2E003 (12/06)

Daytime Phone #

4. FEI Number 20-0215480

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCABE, PHILLIP J 699 5TH AVE. SOUTH NAPLES, FL 34102

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF

DO NOT WRITE IN THIS SPACE

		·
8. The above the obligat	named entity submits this statement for the purpose of changing its ions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	DATE
4	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900	
		TTY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. To 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 #		H000000000
NAME		U00000862098 04/03/08~80034-018 500.00
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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 expressed to execute this report as required by Chapter 620, Florida Statutes

PRINTED NAME OF SIGNING GENERAL PARTNER