#### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

### DOCUMENT # A03000001481

1. Entity Name CWJJ INVESTMENTS, LTD.



FILED Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

1121 SOUTH MILITARY TRAIL

DEERFIELD BEACH, FL 33442

Mailing Address

368 STRATHMORE BLVD. TORONTO ONTARIO M4CIN3 CANADA, XX



04052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
33-1081958		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMSCO MARKETING, LLC 1121 SOUTH MILITARY TRAIL #264 DEERFIELD BEACH, FL 33442

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing	ng 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, 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 filled to change a general partner.

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12.	GENERAL PARTNER INFORMATION
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LAW, JOHN 368 STRATHMORE BLVD TORONTO, ON M4C-IN3
DOCUMENT #  NAME STREET ADDRESS CITY-ST-ZIP	LAW, CLAIRE 368 STRATHMORE BLVD. TORONTO, ON M4C-IN3
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DOCUMENT #	

U00000698545 04/19/07-80006-012 500.00

# DO NOT WRITE IN THIS SPACE

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 eath; 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:

STREET ADDRESS CITY-ST-ZIP

EIGNATURE AND TYPED OR PRINTED NAME OF STORFING GENERAL PARTNE

Agus 5/07 4/6-465-970 Dayline Phone 8