

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 23 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03182007 Chg-LP CR2E003 (12/06)

DOCUMENT # A03000001603	
1. Entity Name CAY J ASSOCIATES, LTD.	



Principal Place of Business 3224-SUNSET KEY CIR PUNTA GORDA, FL 33955	Mailing Address 3224-SUNSET KEY CIR PUNTA GORDA, FL 33955
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2. Principal Place of Business - No P.O. Box # 3224-C Sunset Key Suite, Apt. #, etc. Circle	3. Mailing Address 3224-C Sunset Key Suite, Apt. #, etc. Circle
City & State Punta Gorda, FL	City & State Punta Gorda, FL
Zip 33955	Country USA

4. FEI Number 56-2418932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEWMIN, W. GERALD 3224-SUNSET KEY CIR PUNTA GORDA, FL 33955	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L03000043852 CAY J ENTERPRISES, L.L.C. 3224-A SUNSET KEY CIR PUNTA GORDA, FL 33955	STREET ADDRESS CITY-ST-ZIP	3224-C SUNSET KEY CIRCLE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <i>X</i> <i>W. J. News</i>	Date: 3/23/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>

STAPLE CHECK HERE