

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:54



01282008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 56-2418932  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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



Principal Place of Business  
 3224-C SUNSET KEY CIR  
 PUNTA GORDA, FL 33955  
 Mailing Address  
 3224-C SUNSET KEY CIR  
 PUNTA GORDA, FL 33955

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country  
 3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
 NEWMIN, W. GERALD  
 3224-A SUNSET KEY CIR  
 PUNTA GORDA, FL 33955

7. Name and Address of New Registered Agent  
 Name NEWMIN, W. GERALD  
 Street Address (P.O. Box Number is Not Acceptable)  
3224-C SUNSET KEY CIRCLE  
 City PUNTA GORDA FL Zip Code 33955

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] DATE 3/19/08  
 Signature, typed or printed name of registered agent and date if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

800120727778  
 03/19/08--01027--027 \*\*508.75

**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 #	L03000043852
NAME	CAY J ENTERPRISES, L.L.C.
STREET ADDRESS	3224-C SUNSET KEY CIR
CITY-ST-ZIP	PUNTA GORDA, FL 33955
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: [Signature] DATE 3/19/08 941-637-9883  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE