

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED


2007 APR -5 AM 9:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000000113		
1. Entity Name THE VJK FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 2172 TAMARRON TERRACE PALM HARBOR, FL 34683	Mailing Address 13371 NORTH 56TH STREET TAMPA, FL 33617
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2. Principal Place of Business - No P.O. Box # C/O JOSEPH HOOD ESC 709 W. AZEELE ST, TAMPA FLORIDA 33606 USA	3. Mailing Address 112 POTTS ESC. 13371 N. 56TH ST. TAMPA FLORIDA 33617 USA
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01262007	Chg-LP CR2E003 (12/06)
4. FEI Number NOT APPLICABLE	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 LIZBETH POTTS & ASSOCIATES, P.A. 13371 NORTH 56TH STREET TAMPA, FL 33617		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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 *Vincent J Krocka* DATE 2-2-07

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	KROCKA, VINCENT J	STREET ADDRESS	
NAME	3950 TIGER BAY ROAD	CITY-ST-ZIP	
STREET ADDRESS	DAYTONA BEACH, FL 32124		
CITY-ST-ZIP			
DOCUMENT #	KROCKA, GRACE M	STREET ADDRESS	
NAME	2172 TAMARRON TERRACE	CITY-ST-ZIP	
STREET ADDRESS	PALM HARBOR, FL 34683		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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 04/11/07--01038--002 **500.00

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: *Vincent J Krocka* DATE 2-2-07 DAYTIME PHONE # 813-254-5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #