## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** 0 AM te

	Due By May 1, 2007				Mar 08, 2007 08:00			
	DOCUMENT # A0400001831  1. Entity Name MEJ PROPERTIES, LTD.					Seci	etary of Sta	
	Principal Place 9810 NORIE PENSACOLA,	GA DRIVE	Mailing Address 9810 NORIEGA DRIVE PENSACOLA, FL 32514		 	III 28III 38III 88III 88	11 HORI 1674 DVA HARRI DI HAR	
	DO NOT WRITE IN THIS SPACE			CE	02272007 No Chg-LP			
	6. Name and Address of Current Registered Agent							
	JONES, WILLIAM P 9810 NORIEGA DRIVE PENSACOLA, FL 32514			DO NOT WRITE IN THIS SPACE				
	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  Society for the purpose of constant agent and titled spokes in 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  Society for the purpose of constant agent and titled spokes in 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, typed or printed name of registered agent and title if applicable.  FILE NOWIII FEE IS \$500.00					(3A	32	
	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.							
	DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP	L04000065438 MEJ MANAGEMENT, L.L.C.	NER INFORMATION					
	DOCUMENT / NAME STRICEY ADDRESS CITY - ST - ZIP	FENSACOLA, FE 32314			03	U000006 1/19/07-8	60440 0026-015 <b>50</b> 0.00	
I	DOCUMENT #  NAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT #  NAME				DO NOT WRITE IN THIS SPACE			
STAPLE CHECK HERE	STREET ADDRESS CITY- ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME							

14. I hereby certily 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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING GENERAL PARTNER

(William P. Jones)

2/27/07 Date

(850) 572-0816

Daylime Phone #