

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 13 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A05000000938 1. Entity Name TRANS JET EQUIPMENT, LTD.					
Principal Place of Business 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114			Mailing Address 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01052007 Chg-LP CR2E003 (12/06)	
City & State		City & State		4. FEI Number APPLIED FOR	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 C/O WHITE & CASE LLP MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 # P05000069522 NAME TRANS JET EQUIPMENT, INC. STREET ADDRESS 3470 CLUB CENTER BLVD. CITY-ST-ZIP NAPLES, FL 341140816			STREET ADDRESS 8156 Fiddler's Creek Parkway CITY-ST-ZIP Naples, FL 34114		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP <div style="border: 1px solid black; padding: 2px; text-align: center;"> 600897231356 04/17/07--01046--020 **500.00 </div>		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Joseph Livio Parisi, as Treasurer and Not Individually				Date 2/19/07 Daytime Phone # (239) 732-9400	

STAPLE CHECK HERE