


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 9:11

**DOCUMENT # A0500000955**

1. Entity Name  
TRANS JET MANAGEMENT, LTD.



Principal Place of Business  
3470 CLUB CENTER BLVD.  
NAPLES, FL 34114-0816

Mailing Address  
3470 CLUB CENTER BLVD.  
NAPLES, FL 34114-0816

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



02082006 Chg-LP CR2E003 (11/05)

4. FEI Number  
20-3253558

Applied For  
Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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 #	P05000069514	STREET ADDRESS	
NAME	TRANS JET MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	3470 CLUB CENTER BLVD.		
CITY-ST-ZIP	NAPLES, FL 341140816		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/27/06--01043--003 \*\*\$08.75

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: Aubrey J. Ferrao  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/06 (239) 732-9400  
Date Daytime Phone \*

Aubrey J. Ferrao