



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

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A05000001034</b> 1. Entity Name O&E AJA, LLLP	
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Principal Place of Business 2058 EAST EDGEWOOD DRIVE, SUITE C LAKELAND, FL 33801	Mailing Address 2058 EAST EDGEWOOD DRIVE, SUITE C LAKELAND, FL 33801
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3807959	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AJA, ELINA  
2058 EAST EDGEWOOD DRIVE, SUITE C  
LAKELAND, FL 33801

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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.**

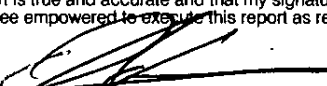
12. GENERAL PARTNER INFORMATION

DOCUMENT #	AJA, OCTAVIANO L TRUSTEE
NAME	2058 EAST EDGEWOOD DRIVE, SUITE C
STREET ADDRESS	LAKELAND, FL 33801
CITY-ST-ZIP	
DOCUMENT #	AJA, ELINA M TRUSTEE
NAME	2058 EAST EDGEWOOD DRIVE, SUITE C
STREET ADDRESS	LAKELAND, FL 33801
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80044-001 508.75

**DO NOT WRITE IN THIS SPACE**

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:**  01/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE