

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

<b>DOCUMENT # A05000001217</b> 1. Entity Name DJPS LIMITED PARTNERSHIP	
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**FILED**

08 FEB -8 PM 2:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01302008 Chg-LP CR2E003 (12/06)

Principal Place of Business 3971 GULF SHORE BLVD N. PH 302 NAPLES, FL 34103 US	Mailing Address 3971 GULF SHORE BLVD N. PH 302 NAPLES, FL 34103 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>20-3025258</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  NICI, JAMES R ESQ. C/O COX & NICI 1185 IMMOKALEE ROAD SUITE 110 NAPLES, FL 34110
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7. Name and Address of New Registered Agent Name <u>NED R. SACHS</u> Street Address (P.O. Box Number is Not Acceptable) <u>3971 GULF SHORE BLVD N PH 302</u> City <u>Naples</u> FL Zip Code <u>34103</u>
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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 Ned Sachs - NED R SACHS, MGR DATE 2/1/08

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000055336	STREET ADDRESS	
NAME	MWD, LLC	CITY-ST-ZIP	
STREET ADDRESS	3971 GULF SHORE BLVD N. PH 302		
CITY-ST-ZIP	NAPLES, FL 34103		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Ned Sachs DATE 2/1/08

STAPLE CHECK HERE