2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCU	DOCUMENT # A05000001609						FILED	
1. Entity Nam					07 J	UN 26 AM 9: 42		
						SECO	10 mil 3. 42	
423 41ST ST	Principal Place of Business 423 41ST STREET BOULEVARD EAST PALMETTO, FL 34221 PALMETTO, FL 34221 Mailing Address 423 41ST STREET BO PALMETTO, FL 34221					TALLA	ETARY OF STATE NHASSEE, FLORIDA	
I NEW CTTO,	. J-241	Themetro, ie o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			III IKI ADIN ISII AR	RIIL MAIN MAINI NAMA ANNI MAINA (MICA) MI 1884	
2. Principal P	Principal Place of Business - No P.O. Box # 3. Mailil			Mailing Address				
Suite, Apt.		Suite, Apt. #, etc.			04302007	Chg-LP	CR2E003 (12/06)	
City & Stat	е	City & State	City & State		4. FEI Number	20-	3345130 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of		\$8.75 Additional Fee Required	
	6. Name and Address of	Current Registered Agent	Name		7. Name and A	ddress of New I	Registered Agent	
423 41ST	E & J INVESTMENTS, LLC 423 41ST STREET BOULEVARD EAST PALMETTO, FL 34221				Street Address (P.O. Box Number is Not Acceptable)			
				City	, , , , , , , , , , , , , , , , , , ,	·····	FL Zip Code	
	named entity submits this stations of registered agent.	lement for the purpose of changi	ing its register	ed office or registe	red agent, or both,	in the State of F	lorida. I am tamiliar with, and accept	
SIGNATURE Signature, typed or printed name of registered agen; and tide if applicable.								
	FIL	.E NOW!!! FEE IS \$500.	00		· · · · · · · · · · · · · · · · · · ·			
		ay 1, 2007, Fee will be TNER THAT IS A BUSINES		IIIST RE RECIS	TERED AND AC	TIVE WITH T	HIS OFFICE	
	NOTE: General Partr	ners MAY NOT be changed		n; an amendmei		to change a g	general partner.	
12.						ADDRESS CH	HANGES ONLY	
NAME STREET ADDRESS	E & J INVESTMENTS, LL 423 41ST STREET BOUI			EET ADORESS				
CITY-ST-ZIP	PALMETTO, FL 34221		CHY	'-SI-ZIP				
DOCUMENT / NAME STREET ADDRESS			STRE	EET AOORESS		10105 1070104		
- CHY-SI-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME			s SIR	EET ADDRESS				
SIREEI ADDRESS CITY-ST-ZIP			CITY	'-SI-ZIP	-			
NAME CYPELL ASSUMENT			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP DOCUMENT A			CITY	r-ST-ZIP				
NAME			S TRI	EET ADDRESS				
			CITY	(-S1-ZIP				
DISCUMENT /			SIRI	EET ADDRESS			. /	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				Dh.			
indicated	on this report is true and accu	oplied with this filing does not quarate and that my signature shall because this report as required	have the sam	e legal effect as if r	ed in Chapter 119, made under oath; i	Florida Statutes that I am a Gene	I further certify that the information eral Partner of the limited partnership	
SIGNATURE Lessia (-Cillet 4.30-07 941-722-1300								
One Dayting Phone *								