

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A06000000549**

1. Entity Name  
**THE LJDB PARTNERSHIP, LTD.**



Principal Place of Business  
**% LEA ANN Y. REEVES**  
**8591 BELLE MEADE DRIVE**  
**FT. MYERS, FL 33908**

Mailing Address  
**% LEA ANN Y. REEVES**  
**8591 BELLE MEADE DRIVE**  
**FT. MYERS, FL 33908**

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

01032007

Chg-LP

CR2E003 (12/06)

4. FEI Number

**20-4837093**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRENNAN, MANNA & DIAMOND, P.L.**  
**76 SOUTH LAURA STREET, SUITE 2110**  
**JACKSONVILLE, FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**700084143217**  
**01/12/07--01009--005 \*\*508.75**

**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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**REEVES, LEA ANN Y**  
**8591 BELLE MEADE DRIVE**  
**FT. MYERS, FL 33908**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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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:**

*Lea Ann Y. Reeves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**01/03/07**

Date

**239-278-3707**

Daytime Phone #

STAPLE CHECK HERE