


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008


FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 AM 8:01

| | |
|--|---|
| DOCUMENT # A07000000999 |  |
| 1. Entity Name PJ INVESTMENT PARTNERS, LLLP | |

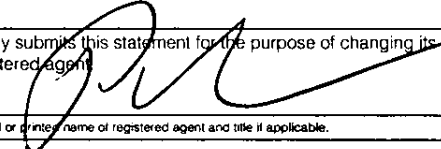
| | |
|--|--|
| Principal Place of Business 1009 ADAMS DRIVE KEY LARGO, FL 33037 | Mailing Address 1009 ADAMS DRIVE KEY LARGO, FL 33037 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State Zip Country | City & State Zip Country |

| | |
|--|--|
|  | |
| 01202008 | Chg-LP CR2E003 (12/06) |
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent HOSFORD, PETER M 1009 ADAMS DRIVE KEY LARGO, FL 33037 | |
|--|--|

| | |
|--|--|
| 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 |

| |
|--|
| 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 # | HOSFORD, PETER M TRUSTEE | STREET ADDRESS | |
| NAME | 1009 ADAMS DRIVE | CITY-ST-ZIP | |
| STREET ADDRESS | KEY LARGO, FL 33037 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | HOSFORD, JEAN M TRUSTEE | STREET ADDRESS | |
| NAME | 1009 ADAMS DRIVE | CITY-ST-ZIP | |
| STREET ADDRESS | KEY LARGO, FL 33037 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | HOSFORD, JEAN M TRUSTEE | STREET ADDRESS | 000128678750 |
| NAME | 1009 ADAMS DRIVE | CITY-ST-ZIP | 05/07/08--01005--010 **500.00 |
| STREET ADDRESS | KEY LARGO, FL 33037 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | HOSFORD, PETER M TRUSTEE | STREET ADDRESS | |
| NAME | 1009 ADAMS DRIVE | CITY-ST-ZIP | |
| STREET ADDRESS | KEY LARGO, FL 33037 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| 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:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone # |
|--|--|------|-----------------|

STAPLE CHECK HERE