

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8: 22

DOCUMENT # A07000001029

1. Entity Name  
 E-MERGE CAPITAL GROUP, LP



Principal Place of Business Mailing Address  
 5113 CENTRAL AVENUE 5113 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33710 US ST. PETERSBURG, FL 33710 US

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

01032008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0818218 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, JAY D  
 5113 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33710

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 \_\_\_\_\_  
 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**

800128290348  
 05/02/08--01003--020 \*\*500.00

**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 # P07000097422  
 NAME C2J2 HOLDINGS, INC.  
 STREET ADDRESS 5113 CENTRAL AVENUE  
 CITY-ST-ZIP ST. PETERSBURG, FL 33710

DOCUMENT #  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
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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: Jay D. Solomon  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/08

Date

727 322-5111  
 Daytime Phone #

JAY D Solomon

STAPLE CHECK HERE