

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A17334

1. Entity Name
LDJ ASSOCIATES, LTD.



Principal Place of Business

C/O A. E. BROOKS
11915 S.W. 82 RD.
MIAMI, FL 33156

Mailing Address

C/O A. E. BROOKS
11915 S.W. 82 RD.
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

01212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-2438431

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, LARRY E.
8800 SW 116 ST.
MIAMI, FL 33176

DO NOT WRITE
IN THIS SPACE

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.

1/21/06
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

000000462760
03/21/06-00043-025 508.75

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

BROOKS, LARRY E.
8800 S.W. 116 STREET
MIAMI, FL 33176

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

BROOKS, DAVID L.
520 FALCON AVE
MIAMI SPRINGS, FL 33166

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

BROOKS, JAMES E.
9520 OAK CREST DR.
MANVEL, TX 77578

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

1/21/06

DATE

305-238-5232

DAYTIME PHONE #

STAPLE CHECK HERE