


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

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A17334</b> 1. Entity Name LDJ ASSOCIATES, LTD.	
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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
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2438431	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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]* DATE 3/12/08

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

000000913972  
05/08/08-80038-010 508.75

**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	
DOCUMENT #	
NAME	BROOKS, LARRY E.
STREET ADDRESS	8800 S.W. 116 STREET
CITY - ST - ZIP	MIAMI, FL 33176
DOCUMENT #	
NAME	BROOKS, DAVID L.
STREET ADDRESS	520 FALCON AVE
CITY - ST - ZIP	MIAMI SPRINGS, FL 33166
DOCUMENT #	
NAME	BROOKS, JAMES E.
STREET ADDRESS	9520 OAK CREST DR.
CITY - ST - ZIP	MANVEL, TX 77578
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]* DATE 3/12/08 DAYTIME PHONE # 305-238-5232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE