
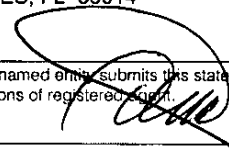
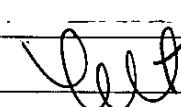
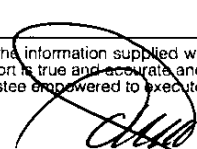


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 22 PM 3:19

DOCUMENT # A27290 1. Entity Name LJR ASSOCIATES PROPERTIES, LTD.			
Principal Place of Business 16105 NW 64 AVE SUITE 322 MIAMI LAKES, FL 33014		Mailing Address 16105 NW 64 AVE SUITE 322 MIAMI LAKES, FL 33014	
2. Principal Place of Business - No P.O. Box # 12097 SW 7 ST		3. Mailing Address 12097 SW 7 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33025		Zip 33025	
Country		Country	
4. FEI Number 65-0082996		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 BYRD, RICHARD K P 16105 NW 64 AVE SUITE 322 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name <u>BYRD, RICHARD K. P.</u> Street Address (P.O. Box Number is Not Acceptable) 12097 SW 7 ST City <u>PEMBROKE PINES, FL</u> Zip Code <u>33025</u>	
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 <u>3/31/08</u>	
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 # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
K38864 LJR ASSOCIATES, INC. 16105 NW 64 AVE, SUITE 322 MIAMI LAKES, FL 33014		12097 SW 7 ST PEMBROKE PINES, FL 33025	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
300125271463 04/23/08--01019--002 **\$500.00			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS 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: 		DATE <u>3/31/08</u> DAYTIME PHONE # <u>954 303-8825</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE