

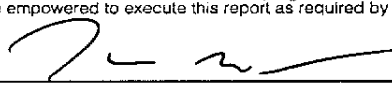


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A28236</b> 1. Entity Name A J A PROPERTIES NO. 4, LTD.					
Principal Place of Business C/O PETER LAWRENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334			Mailing Address C/O PETER LAWRENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334		
2. Principal Place of Business		3. Mailing Address		 04072005    Chg-LP    CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2958212</b>				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  PETER LAWRENCE COMMERCIAL REAL ESTATE, INC 4710 EISENHOWER BLVD. SUITE C-1 TAMPA, FL 33634-6334			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,050,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	K72328		STREET ADDRESS		
NAME	THE NALLA CORPORATION OF TAMPA, INC.		CITY-ST-ZIP		
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1				
CITY-ST-ZIP	TAMPA, FL 336346334				
DOCUMENT #			STREET ADDRESS	U00000361708 05/05/05-80087-011 526.25	
NAME			CITY-ST-ZIP		
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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 exemption stated in Section 119.07(3)(f), 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					
<b>SIGNATURE:</b>  <b>KRISTOPHER M. HOOPER</b>			Date <b>4/14/05</b> Daytime Phone # <b>813-889-8855</b>		

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