## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## DOCUMENT # A28655

1. Entity Name AJA PROPERTIES NO. 6, LTD.



FILED May 10, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634

C/O PETER LAWERENCE COMMERCIAL REAL ESTATE C/O PETER LAWERENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634



## DO NOT WRITE IN THIS SPACE

03132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0132098

Applied For Not Applicable

5. Certificate of Status Desired

\$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

## 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT# K94115 NAME THE RED & GREY 75TH CORPORATION STREET ADDRESS 4710 EISENHOWER BLVD., SUITE C-1 CITY-ST-ZIP TAMPA, FL 336346334 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP

14. If 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:

DOCUMENT # MAME STREET ADDRESS CHY-SI-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING