## 2008 LINITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## **DOCUMENT # A28655**

1. Entity Name

AJA PROPERTIES NO. 6, LTD.



Principal Place of Business

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

01142008 No Chg-LP

CR2E003 (12/06)

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

Signature, typed or printed name of registered agent and title if applicable

DATE

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.

| - 1        |                |                                  |
|------------|----------------|----------------------------------|
| - [        | 12.            | GENERAL PARTNER INFORMATION      |
|            | 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           |                                  |
|            | STREET ADDRESS |                                  |
| ĺ          | CITY-ST-ZIP    |                                  |
|            | DOCUMENT #     |                                  |
|            | NAME           | ·                                |
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| ا ۽        | CITY-ST-ZIP    |                                  |
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| ا ڌ        | NAME           |                                  |
| 5          | STREET ADDRESS |                                  |
|            | CITY-ST-ZIP    |                                  |
|            | DOCUMENT #     |                                  |
| 5          | NAME           |                                  |
| ٠          | STREET ADDRESS |                                  |

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## DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 eath; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SENERAL PARTNER