

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A33473

1. Entity Name
AJA PROPERTIES NO. 8, LTD.



Principal Place of Business
C/O THE PETER LAWRENCE COMPANY, INC.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA, FL 33634-6334

Mailing Address
C/O THE PETER LAWRENCE COMPANY, INC.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA, FL 33634-6334



03132006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3143958	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN
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, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	V66660
NAME	SKYWAY '92 CORP.
STREET ADDRESS	4710 EISENHOWER BL., C-1
CITY - ST - ZIP	TAMPA, FL 33634

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100000563844
05/20/06-80030-002 500.00

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kristopher Hoover
President

3/13/06

Date

813-889-8855

Daytime Phone #

STAPLE CHECK HERE