

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 12, 2007 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



01292007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3143958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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NAME
STREET ADDRESS
CITY-ST-ZIP

U00000700625
04/20/07-80026-005 500.00

**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

02/28/07

Date

813-889-8855

Daytime Phone #

STAPLE CHECK HERE