


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:27

DOCUMENT # A92000000060 1. Entity Name NINJA INVESTMENTS, LTD.					
Principal Place of Business 921 W. EMMETT STREET KISSIMMEE, FL 34741			Mailing Address P.O. BOX 420521 KISSIMMEE, FL 34742-0521		
2. Principal Place of Business - No P.O. Box # 716 Hughey St		3. Mailing Address Suite, Apt. #, etc.			
City & State Kissimmee, FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0370044	
Zip 34741		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAND, RONALD M 921 W. EMMETT STREET KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 716 Hughey St City Kissimmee FL Zip Code 34741		
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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
500127322645 04/30/08--01018--008 **500.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L19243		STREET ADDRESS	716 Hughey St	
NAME	TRIGON ASSET MANAGEMENT, CORP.		CITY-ST-ZIP	Kissimmee, FL 34741	
STREET ADDRESS	921 W. EMMETT STREET				
CITY-ST-ZIP	KISSIMMEE, FL 34741				
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CITY-ST-ZIP					
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: <u>[Signature]</u> 407 - 844-6138 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE