2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Apr 20, 2007 08:00 AM Secretary of State

DOCUMENT,	#	A9300	0000	0632
-----------	---	-------	------	------

1. Entity Name
RAYJIT & CO., LIMITED PARTNERSHIP



Principal Place of Business

ONE PROGRESS PLAZA, SUITE 150 ST. PETERSBURG, FL 33701

Mailing Address

ONE PROGRESS PLAZA, SUITE 150 ST. PETERSBURG, FL 33701



02232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3186883

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Address	of Current	Registered Agent	:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its retions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.				
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				
OOCUMENT #	S88911				
NAME	RAYMOND JAMES TRUST COMPANY				
STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 150				
CITY-ST-ZIP	ST. PETERSBURG, FL 33701				
DOCUMENT #					
NAME		U00000721567			
STREET ADDRESS		05/01/07-80150-023 500.00			
CITY-ST-ZIP					
DOCUMENT #		<u>.</u>			
NAME STREET ADDRESS		DO NOT WRITE			
CITY-ST-ZIP		DO NOT WALLE			
		IN THIS SPACE			
DOCUMENT#		IN THIS STACE			
NAME STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT#	İ				
NAME STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT 4					

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 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:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

onna L. Wilson

ampl Wilsor

4/1/01

7a7.567-3800

Daytene Phone #