

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A93000000632

1. Entity Name
RAYJIT & CO., LIMITED PARTNERSHIP



FILED
08 MAY -1 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE PROGRESS PLAZA, SUITE 150
ST. PETERSBURG, FL 33701

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072008 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

7. Name and Address of New Registered Agent

Name **CT Corporation System**
 Street Ac **1200 South Pine Island Road**
Plantation, FL 33324
 City ip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, 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.

Madonna Cuddihy
Special Assistant Secretary

4/30/08

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **S88911**
 NAME **RAYMOND JAMES TRUST COMPANY**
 STREET ADDRESS **ONE PROGRESS PLAZA, SUITE 150**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200129480952
05/14/08--01041--002 **500.00

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

JP Julian JEFFREY P. JULIEN 4/29/08 727-567-3800

Date

Daytime Phone #

STATE OF FLORIDA