

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A95000001561**

**1. Entity Name**  
**E&J CONSULTANTS LIMITED PARTNERSHIP**



**Principal Place of Business**  
**4922-A ST. ELMO AVENUE**  
**BETHESDA, MD 20814**

**Mailing Address**  
**4922-A ST. ELMO AVENUE**  
**BETHESDA, MD 20814**



03072007 No Chg-LP

CR2E003 (12/06)

**4. FEI Number**  
**65-0622356**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LENKIN, MELVIN**  
**1500 SOUTH OCEAN BLVD.**  
**#1001 SOUTH**  
**BOCA RATON, FL 33432**

**DO NOT WRITE**  
**IN THIS SPACE**

**8. The above parties 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**

*Melvin Lenkin*  
Signature, typed or printed name of registered agent, and used if applicable.

*MAR. 30, 2007*  
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 #** P95000078931  
**NAME** JEL CORPORATION  
**STREET ADDRESS** 4922- A ST. ELMO AVENUE  
**CITY-ST-ZIP** BETHESDA, MD 20814

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**CITY-ST-ZIP**

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04/12/07-80008-015 500.00

**DO NOT WRITE**  
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**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:**

*Melvin Lenkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*MAR. 30, 2007*  
Date

*301/654-2100*  
Daytime Phone #

STAPLE CHECK HERE