

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

DOCUMENT # A96000001238

1. Entity Name
EKJ HOLDINGS, LTD.



Principal Place of Business
8201 S.E. DOUBLE TREE DRIVE
HOBE SOUND, FL 33455-8212

Mailing Address
8201 S.E. DOUBLE TREE DRIVE
HOBE SOUND, FL 33455-8212



02222006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0686291

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALELLA, JUNE
1713 SE INDIAN HILL DRIVE
TEQUESTA, FL 33469

**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, 2006, 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 #
NAME VAELELLA, JUNE
STREET ADDRESS 1713 S.E. INDIAN HILL DRIVE
CITY-ST-ZIP TEQUESTA, FL 33469

DOCUMENT #
NAME CRIDLIN, KAREN
STREET ADDRESS BOX 703
CITY-ST-ZIP JONESVILLE, VA 24263

DOCUMENT #
NAME BENNETT, EVELYN
STREET ADDRESS 48350 CRESTVIEW DRIVE
CITY-ST-ZIP PALM DESERT, CA 92260

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

500068092275
03/20/06--01013--021 **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: _____

June Valella

772-223-1897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE