


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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
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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

6. Name and Address of Current Registered Agent	
VALELLA, JUNE 1713 SE INDIAN HILL DRIVE TEQUESTA, FL 33469	

01062007	Chg-LP	CR2E003 (12/06)
4. FEI Number 65-0686291	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

Signature, typed or printed name of registered agent and true if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	VALELLA, JUNE	STREET ADDRESS	17313 SE Indian Hills Drive
STREET ADDRESS	1713 S.E. INDIAN HILL DRIVE	CITY - ST - ZIP	Tequesta, FL 33469
CITY - ST - ZIP	TEQUESTA, FL 33469		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CRIDLIN, KAREN	STREET ADDRESS	
STREET ADDRESS	BOX 703	CITY - ST - ZIP	
CITY - ST - ZIP	JONESVILLE, VA 24263		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BENNETT, EVELYN	STREET ADDRESS	
STREET ADDRESS	48350 CRESTVIEW DRIVE	CITY - ST - ZIP	
CITY - ST - ZIP	PALM DESERT, CA 92260		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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: June Valella 1/8/07 561-575-0171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

772-223-1897