

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 05, 2008 08:00 A
Secretary of State

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**



03032008 No Chg-LP

CR2E003 (12/06)

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, 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**VALELLA, JUNE
17313 SE INDIAN HILLS DRIVE
TEQUESTA, FL 33469**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BENNETT, EVELYN
48350 CRESTVIEW DRIVE
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

U000000848769
03/20/08-80030-022 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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

Date

Daytime Phone #