


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002121 1. Entity Name AJT, LTD.					
Principal Place of Business 8910 ASTONAUT BLVD. CAPE CANAVERAL, FL 32920			Mailing Address 8910 ASTONAUT BLVD. CAPE CANAVERAL, FL 32920		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3378546	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERAN, ALFREDO J 808 W. CENTRAL BLVD. CAPE CANAVERAL, FL 32920				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,062.50			10. Amount of Capital Contributions in FLORIDA to date \$1062.50		
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 #	P96000047565		STREET ADDRESS		
NAME	AJT, INC.		CITY - ST - ZIP		
STREET ADDRESS	8910 ASTONAUT BLVD.		CITY - ST - ZIP	1000000096645	
CITY - ST - ZIP	CAPE CANAVERAL, FL 32920		STREET ADDRESS	03/26/04-80004-003 150.00	
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CITY - ST - ZIP			STREET ADDRESS		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alfredo J. Teran			3-11-04 321-783-7989		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



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