


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021096
FR

DOCUMENT # A96000002121		
1. Entity Name AJT, LTD.		

FILED

2003 APR -1 AM 10:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 8910 ASTONAUT BLVD. CAPE CANAVERAL FL 32920	Mailing Address 8910 ASTONAUT BLVD. CAPE CANAVERAL FL 32920
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3378546	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TERAN, ALFREDO J 808 W. CENTRAL BLVD. CAPE CANAVERAL FL 32920		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 title if applicable.

9. Capital Contributions as Shown on record. \$1,062.50	10. Amount of Capital Contributions in FLORIDA to date. \$1062.50	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	CAPE CANAVERAL FL 32920		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

327-03 321-783-7989
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE