


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**DOCUMENT # A9700000869**  
1. Entity Name  
REMJM, LTD.



**FILED**  
2007 APR 23 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2381 BURNWAY ROAD  
GRENELEFE, FL 33844

Mailing Address  
2381 BURNWAY ROAD  
GRENELEFE, FL 33844

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc. **Box 730**  
City & State **Maries city, FL**  
Zip **33845**

03092007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**59-3431663**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
MILLER, MURRAY J  
REMJM MGT. CO.  
2381 BURNWAY ROAD  
GRENELEFE, FL 33844

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 title 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

DOCUMENT #	<b>P97000027881</b>
NAME	<b>REMJM MGT. CO.</b>
STREET ADDRESS	<b>2381 BURNWAY ROAD</b>
CITY-ST-ZIP	<b>GRENELEFE, FL 33844</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500101349015</b>
CITY-ST-ZIP	<b>05/03/07--01013--014 **500.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Murray Miller Date: 6 Apr 07  
MURRAY Miller