



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A97000001680</b> 1. Entity Name <b>LMJ PARTNERS, LTD.</b>					
Principal Place of Business <b>407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139</b>			Mailing Address <b>407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number <b>65-0752527</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HELLER, DAN P ESQ. RUDEN, MCCLOSKY, SMITH, SCHUSTER &amp; RUSSELL 701 BRICKELL AVENUE, SUITE 1900 MIAMI FL 33131</b>				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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>JUDY DREILING LEASE, TRUSTEE 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139</b>		STREET ADDRESS CITY - ST - ZIP	<b>500089610915 02/27/07--01055--002 **526.25</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>MICHAEL PAUL DREILING, TRUSTEE 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139</b>		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>FRED MILLER, TRUSTEE 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139</b>		STREET ADDRESS CITY - ST - ZIP		
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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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <b>2/15/07</b> Daytime Phone # <b>305-534-5102</b>		

FILED  
07 FEB 23 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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