


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002896							
1. Entity Name WJLJLN PARTNERSHIP, LIMITED PARTNERSHIP							
Principal Place of Business 1508 CHINA GROVE TRAIL TALLAHASSEE, FL 32301-4972 US		Mailing Address 1508 CHINA GROVE TRAIL TALLAHASSEE, FL 32301-4972 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0884288			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RYDER, WILLIAM 1508 CHINA GROVE TRAIL TALLAHASSEE, FL 32301-4972			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 filer, if applicable.							
9. Capital Contributions as Shown on record. \$3,286,426.00		10. Amount of Capital Contributions in FLORIDA to date.					
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 #	F98000007082	STREET ADDRESS					
NAME	WJLJLN HOLDINGS, INC.	CITY-ST-ZIP					
STREET ADDRESS	1508 CHINA GROVE TRAIL		U00000230100 02/15/05-80028-016 526.25				
CITY-ST-ZIP	TALLAHASSEE, FL 323014972						
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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)(j), 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: <i>William Ryder</i>		William Ryder		2/10/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone # 850-656-2201			

STAPLE CHECK HERE