
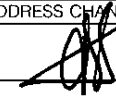


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 25 AM 7:46

DOCUMENT # A98000002896 1. Entity Name WJLN 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0884288	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYDER, WILLIAM 1508 CHINA GROVE TRAIL TALLAHASSEE, FL 32301-4972				7. Name and Address of New Registered Agent Name <u>Lise A. Ryder</u> Street Address (P.O. Box Number is Not Acceptable) <u>1512 China Grove Trail</u> City <u>TLH</u> FL Zip Code <u>32301</u>	
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 <u>Lise A. Ryder</u> DATE <u>1/21/07</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F98000007082		STREET ADDRESS		
NAME	WJLN HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1508 CHINA GROVE TRAIL		CITY-ST-ZIP		
CITY-ST-ZIP	TALLAHASSEE, FL 323014972		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Lise A. Ryder</u>			DATE <u>1/21/07</u> DAYTIME PHONE # <u>850 656 1962</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE