2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # A99000000265

WOOLBRIGHT PROFESSIONAL BUILDING, LTD.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426

Mailing Address

2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426



03112008 No Chg-LP DO NOT WRITE IN THIS SPACE

CR2E003 (12/06)

4. FEI Number 65-0895105

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APPIGNANI, LOUIS J 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SDACE

		IN THIS STACE
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 ————————————————————————————————————		
	FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	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 #	P99000014194	
NAME	LJA PROPERTIES, INC.	
STREET ADDRESS	2240 WOOLBRIGHT RD., SUITE 300	<u> </u>
City-St-7IP	BOYNTON BEACH, FL 33426	
DOCUMENT #		05/22/08-80022-012 500,00
NAME		
STREET ADDRESS		
C!TY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
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 trystee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

STAPLE CHECK HERE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP