


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001802 1. Entity Name LJM GROUP INVESTMENTS LIMITED	
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Principal Place of Business C/O SAM GENCO 531 N. OCEAN BLVD., #1004 POMPANO BEACH FL 33062	Mailing Address C/O SAM GENCO 531 N. OCEAN BLVD., #1004 POMPANO BEACH FL 33062
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 65-0982497	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 GENCO, SAMUEL 531 N. OCEAN BLVD., #1004 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY - ST - ZIP	GENCO, SAMUEL 531 N. OCEAN BLVD. #1004 POMPANO BEACH FL 33062	STREET ADDRESS CITY - ST - ZIP	1000000453102 03/14/06-80005-017 500.00
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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: *Samuel Genco* L.J.M. GROUP INVESTMENTS LIMITED *Samuel Genco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date *3-2-06* Daytime Phone # *954-785-1858*