

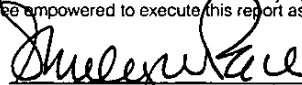


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 8:42

DOCUMENT # A99000002196 1. Entity Name LJW ENTERPRISES LTD.					
Principal Place of Business 2133 TRESCOTT DRIVE TALLAHASSEE, FL 32312			Mailing Address 2133 TRESCOTT DRIVE TALLAHASSEE, FL 32312		
2. Principal Place of Business 3749 SHAMROCK ST. W Suite, Apt. #, etc.		3. Mailing Address 3749 SHAMROCK ST. W Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 59-7168609	
Zip 32309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PACE, SHIRLEY W 2133 TRESCOTT DRIVE TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3749 SHAMROCK ST. W City TALLAHASSEE FL Zip Code 32309	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$6,276,771.00		10. Amount of Capital Contributions in FLORIDA to date. \$ 6,276,771.00			
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 #	NAME		STREET ADDRESS	800050510838 04/12/05--01010--017 **526.25	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS	3749 SHAMROCK ST. W	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	TALLAHASSEE, FL 32309	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
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STREET ADDRESS	CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(i), 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:  Shirley W. Pace			3/30/05		850-224-8024
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

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