

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000002196

1. Entity Name
LJW ENTERPRISES LTD.



Principal Place of Business
**3749 SHAMROCK ST. W
TALLAHASSEE, FL 32309**

Mailing Address
**3749 SHAMROCK ST. W
TALLAHASSEE, FL 32309**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE



03202006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-7168609	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

**PACE, SHIRLEY W
3749 SHAMROCK ST. W
TALLAHASSEE, FL 32309**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT #
NAME **PACE, SHIRLEY TRUSTEE**
STREET ADDRESS **2133 TRECOTT DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

000000484409
04/12/06-80041-001 500.00

DOCUMENT #
NAME **PACE, SHIRLEY W**
STREET ADDRESS **2133 TRECOTT DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Shirley W. Pace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/06

850-386-6949

Daytime Phone #

STAPLE CHECK HERE