


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:46

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
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02272008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-7168609	Applied For 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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 \$500.00**  
**After May 1, 2008, 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 #	NAME	STREET ADDRESS	3749 SHAMROCK ST. W.
NAME	PACE, SHIRLEY TRUSTEE	CITY-ST-ZIP	TALLAHASSEE, FL 32309
STREET ADDRESS	2133 TRESPOTT DR		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		
DOCUMENT #	NAME	STREET ADDRESS	3749 SHAMROCK ST. W.
NAME	PACE, SHIRLEY W	CITY-ST-ZIP	TALLAHASSEE, FL 32309
STREET ADDRESS	2133 TRESPOTT DR		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	100121447201
STREET ADDRESS			03/27/08--01040--012 **500.00
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/08

Date

850/386-6949

Daytime Phone #

STAPLE CHECK HERE