

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # B0100000410

1. Entity Name:
ST. ALBANS FINANCIAL COMPANY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
C/O J. YAMPOLSKY **C/O J. YAMPOLSKY**
632 MONTGOMERY AVENUE, SUITE 300 **632 MONTGOMERY AVENUE, SUITE 300**
NARBERTH PA 19072 **NARBERTH PA 19072**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E003 (10/07)

4. FEI Number Applied For
23-2012560 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

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 date of application

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #	MAJA MANAGEMENT CORP 632 MONTGOMERY AVENUE, SUITE 300 NARBERTH PA 19072	STREET ADDRESS	U00000816164 02/14/08-80038-011 500.00
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CITY-ST-ZIP		STREET ADDRESS	

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:  **JACK YAMPOLSKY** 2/2/08 215-545-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE