2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Mar 01, 2007 08:00 AM **DOCUMENT # B97000000236 Secretary of State** SJMJ LIMITED PARTNERSHIP Principal Place of Business Mailing Address P.O. BOX 1038 1 JASON RIDGE WASHINGTON, MO 63090 WASHINGTON, MO 63090 02232007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1620209 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. DO NOT WRITE 417 EAST VIRGINIA, SUITE 1 TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. F97000002667 DOCHMENT # SHILO COMPANY STREET ADDRESS P.O. BOX 1038 CITY-ST-ZIP WASHINGTON, MO 63090 U00000652820 03/12/07-80034-005 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME 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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

John Lochicco V.P. Shilo Tompany SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER