


FILED
Jun 28, 2007 8:00 am
Secretary of State

DOCUMENT # P06000101250				Secretary of State 05-16-2007 90025 031 ***150.00																																					
1. Entity Name L & J PARTNERS, INC.																																									
Principal Place of Business 5707 CANDELWICK COURT #F TAMPA FL 33617		Mailing Address 5707 CANDELWICK COURT #F TAMPA FL 33617																																							
2. Principal Place of Business - No P.O. Box # 5501 WILLIAM GRANT WAY Suite, Apt. #, etc. 301-		3. Mailing Address 5501 WILLIAM GRANT WAY Suite, Apt. #, etc. 301																																							
City & State TAMPA, FL		City & State TAMPA, FLORIDA		4. FEI Number 1st MOORE CR2E034 (10/06)																																					
Zip 33610		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent POPEK, LUKASZ 5707 CANDELWICK COURT #F TAMPA FL 33617				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 _____ <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature is required when registering.)</small> DATE _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																									
SIGNATURE: LUKASZ POPEK <i>[Signature]</i> 04/27/07 321-508-1977 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									