## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## **DOCUMENT # A00000001599**

JAM FAMILY LIMITED PARTNERSHIP, LTD.



**FILED** Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

915-917 COUNTRY CLUB BLVD. CAPE CORAL, FL 33990

Mailing Address

915-917 COUNTRY CLUB BLVD. CAPE CORAL, FL 33990



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP CR2E003 (11/05)

4. FEI Number			Applied For
65-1049549			Not Applicable
	\$8	75	Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MESSINA, JAMES A 915-917 COUNTRY CLUB BLVD. CAPE CORAL, FL 33990

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	named entity submits this statement for the purpose of changing its ions of registered agent.	registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE
	FILE NOW!!! FEE 18 \$500.00 After May 1, 2006, Fee will be \$900	).00
	A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on the	TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ne form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #		
NAME	MESSINA, JAMES A	
STREET ADDRESS	915-917 COUNTRY CLUB BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33990	****
DOCUMENT #		
NAME		U00000386351 01/18/06-80057-006 500.00
STREET ADDRESS		01/18/06-80057-008 500.00
CITY-ST-ZIP		

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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 employed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-7/P DOCUMENT # HAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER