


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000000349

1. Entity Name
JCF MANAGEMENT SERVICES, LTD.



Principal Place of Business 601 N. FLAMINGO ROAD SUITE 319 PEMBROKE PINES, FL 33028	Mailing Address 601 N. FLAMINGO ROAD SUITE 319 PEMBROKE PINES, FL 33028
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-LP CR2E003 (12/06)

4. FEI Number 55-0820880	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

**GREEN, MITCHELL F
 KRAMER, GREEN, ZUCKERMAN, GREENE ET AL
 4000 HOLLYWOOD BLVD., STE. 485 SOUTH
 HOLLYWOOD, FL 33028**

**DO NOT WRITE
 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 _____ DATE _____
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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	FROST, JASON H D.O.
STREET ADDRESS	601 N. FLAMINGO ROAD, STE. 319
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/31/07-80003-024 500.00

**DO NOT WRITE
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STAPLE CHECK HERE

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

Date _____ Daytime Phone # _____