


**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 <b>601 N. FLAMINGO ROAD          SUITE 319          PEMBROKE PINES, FL 33028</b>	Mailing Address <b>601 N. FLAMINGO ROAD          SUITE 319          PEMBROKE PINES, FL 33028</b>
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>55-0820880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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  
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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	<b>FROST, JASON H D.O.</b>
STREET ADDRESS	<b>601 N. FLAMINGO ROAD, STE. 319</b>
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33028</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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 01/31/07-80003-024 500.00

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 # \_\_\_\_\_