

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:35

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000000795 1. Entity Name THE D'JAMOOS GROUP, LTD.	
--	---

Principal Place of Business 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109	Mailing Address 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109
--	--

DO NOT WRITE IN THIS SPACE



05012006 No Chg-LP CR2E003 (11/05)

4. FEI Number 55-0833275	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent D'JAMOOS, JENNIFER A 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109
--

**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, 2006, 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 STREET ADDRESS CITY-ST-ZIP	P03000057250 D'JAMOOS HOLDINGS, INC. 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

600075019216
05/22/06--01021--011 **500.00

**DO NOT WRITE
IN THIS SPACE**

START 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

5/1/06

Date Daytime Phone #