

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 26 AM 8:51

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002717

JMAC CONSULTANTS, LTD.

Mailing Address

Principal Office Address

272 Isle Way
Palm Beach Gardens, FL
33418

272 Isle Way
Palm Beach Gardens, FL
33418

3. Date Formed or Registered

12/16/97

5a. Capital Contributions as Shown on record

\$400,010.00

3a. Date of Last Report

n/a

5b. Amount of Capital Contributions in FLORIDA to date:

\$400,010.00

4. State or Country of Formation

Florida

6. FEI Number

☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Paul A. Krasker, Esq.
Moyle, Flanigan, Katz, Kolins, et al.
625 North Flagler Drive, 9th Floor
West Palm Beach, Florida 33401

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

Judith Axenfeld

272 Isle Way

Palm Beach Gardens,
Florida 33418

300002416623--0
-01/29/98--01106--003
*****88.75 *****88.75
300002416623--0
-01/29/98--01106--010
*****437.50 *****437.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Judith Axenfeld

DATE

12/29/94

Typed or Printed Name of General Partner Signing Form:

Judith AXENFELD

Daytime Telephone Number

561 4242904

CR2E003 (6/97)