


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # B06000000005			
1. Entity Name JACKSON-SHAW TRADEPORT BUILDINGS, LP			
Principal Place of Business 4890 ALPHA ROAD STE 100 DALLAS, TX 75244		Mailing Address 4890 ALPHA ROAD STE 100 DALLAS, TX 75244	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
 07 SEP 10 AM 9:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



08222007 Chg-LP CR2E003 (12/06)

4. FEI Number
 14-1945214
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B06000000004	STREET ADDRESS	
NAME	JSC/TRADEPORT BUILDINGS, LP	CITY- ST- ZIP	
STREET ADDRESS	4890 ALPHA ROAD STE 100		
CITY- ST- ZIP	DALLAS, TX 75244		
DOCUMENT #		STREET ADDRESS	700109297387
NAME		CITY- ST- ZIP	09/11/07--01022--005 **500.00
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

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

8-24-07 972-628-7400

Date

Daytime Phone #