


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 19 AM 9:11

DOCUMENT # A97000001895					
1. Entity Name MEDLOCK INVESTMENTS LIMITED PARTNERSHIP					
Principal Place of Business 2326 S. CONGRESS AVE. #1D WEST PALM BEACH, FL 33406			Mailing Address 2326 S. CONGRESS AVE. #1D WEST PALM BEACH, FL 33406		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 01042006 Chg-LP CR2E003 (11/05)				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			7. Name and Address of New Registered Agent		
MEDLOCK, JAMES W 103 ESPERANZA WAY PALM BEACH GARDENS, FL 33418			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	G97245900065				
NAME	THE JWM TRUST				
STREET ADDRESS	103 ESPERANZA WAY				
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418				
DOCUMENT #					
NAME					
STREET ADDRESS					
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CITY - ST - ZIP					
13. ADDRESS CHANGES ONLY					
STREET ADDRESS					
CITY - ST - ZIP		200065000922			
STREET ADDRESS		02/01/06--01079--020 **\$500.00			
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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: <i>JWM</i> 1/10/06 561-439-4620 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE