## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILLU SECRETARY OF STATE **DOCUMENT # A97000001895** DIVISION OF CORPORATIONS 1. Entity Name MEDLOCK INVESTMENTS LIMITED PARTNERSHIP 07 JAN 19 AM 9: 38 Principal Place of Business Mailing Address 2326 S. CONGRESS AVE. #1D 2326 S. CONGRESS AVE. #1D WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01082007 Chg-LP CR2E003 (12/06) City & State Applied For City & State 4 EEI Number 91-1899236 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEDLOCK, JAMES W Street Address (P.O. Box Number is Not Acceptable) 103 ESPERANZA WAY PALM BEACH GARDENS, FL 33418 City 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. 500085839295 n1/23/07--01017--014 SIGNATURE Signature, typed or printed name of registered agent and title if applicable \*\*500.00 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 13. ADDRESS CHANGES ONLY G97245900065 DOCUMENT # STREET ADDRESS NAME THE JWM TRUST STREET ADDRESS 103 ESPERANZA WAY CiTY-ST-7IP CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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