

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:28

DOCUMENT # A00000000766

1. Entity Name
 GAZEBO JAX, LTD.



Principal Place of Business Mailing Address
 C/O SOUTHERN MANAGEMENT & DEVELOPMENT LP C/O SOUTHERN MANAGEMENT & DEVELOPMENT LP
 21301 POWERLINE ROAD SUITE 312 P.O. BOX 11229
 BOCA RATON, FL 33433 KNOXVILLE, TN 37939

2. Principal Place of Business
 925 South Federal Highway

3. Mailing Address

Suite, Apt. #, etc.
 Suite 425

Suite, Apt. #, etc.

03092006 Chg-LP CR2E003 (11/05)

City & State
 Boca Raton, FL

City & State

4. FEI Number
 59-3644164

Applied For
 Not Applicable

33432

Country

Zip

Country

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

BLALOCK LANDERS WALTERS & VOGLER PA
 802 11TH STREET WEST
 BRADENTON, FL 33433

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000045414
 NAME GAZJAX, INC.
 STREET ADDRESS 21301 POWERLINE ROAD SUITE 312
 CITY-ST-ZIP BOCA RATON, FL 33433

STREET ADDRESS 925 South Federal Highway, Suite 425
 CITY-ST-ZIP Boca Raton, FL 33432

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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: Steven Levin, President

3/13/06 (561) 948-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE