

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

APPROVED
 AND
 FILED

| | | |
|----------------------------------|--|---|
| DOCUMENT #A0000000878 | |  |
| 1. Entity Name JASMAN LIMITED | | |

| | |
|--|--|
| Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 | Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 |
|--|--|

| | | | |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

06 MAY 17 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS



04262006 Chg-LP CR2E003 (11/05)

| | |
|----------------------------------|---|
| 4. FEI Number 65-1018467 | Applied For |
| 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 | |
| WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | | |
| | 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.

1000075650381
 06/01/06--01039--003 **1300.00

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 # NAME STREET ADDRESS CITY-ST-ZIP | P00000051488 JASMAN, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
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STAPLE CHECK HERE

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.

Timothy D. Richards

4/26/06

(305) 858-9900

SIGNATURE: *Timothy D. Richards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #