

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 26 AM 9:08

DOCUMENT # A00000001145

1. Entity Name  
DIAMOND JAG PROPERTIES, LTD.



Principal Place of Business  
P.O. BOX 513  
KATHLEEN, FL 33849-0513

Mailing Address  
P.O. BOX 513  
KATHLEEN, FL 33849-0513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08192005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3659053

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

SUTTON, FAYE G  
8933 US HWY 98  
DADE CITY, FL 33525

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

9. Capital Contributions  
as Shown on record. \$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 HARPER, JEANNINE M  
STREET ADDRESS P.O. BOX 513  
CITY-ST-ZIP KATHLEEN, FL 338490513

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME HOLLON, ANGELA K  
STREET ADDRESS P.O. BOX 702  
CITY-ST-ZIP KATHLEEN, FL 33849

STREET ADDRESS  
CITY-ST-ZIP

900059610829  
03/14/05-01027-005 \*\*541.25

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Angela K Hollon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-22-05

Date

Daytime Phone #

STAPLE CHECK HERE