

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

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # A0000001180

1. Entity Name
JTM FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**9750 NW 17TH STREET
MIAMI, FL 33172**

Mailing Address
**9750 NW 17TH STREET
MIAMI, FL 33172**



01252007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025602	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MEYERSON, JOEL
4701 PINE TREE DRIVE
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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, 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

DOCUMENT #	P00000066797
NAME	JTM HOLDINGS CORP.
STREET ADDRESS	9750 NW 17TH STREET
CITY-ST-ZIP	MIAMI, FL 33172

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IN THIS SPACE**

00000057496
03-14-07-80070-021 500.00

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

SIGNATURE: Joel Meyerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #