2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0000001599

Entity Name: JAM FAMILY LIMITED PARTNERSHIP, LTD.

915-917 COUNTRY CLUB BLVD.

CAPE CORAL, FL 33990

Address:

City-St-Zip:

FILED Jan 17, 2007 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|----------------------------------|---|---------------------------------------|
| 915-917 COUNTRY CLL CAPE CORAL, FL 3399 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 915-917 COUNTRY CLL CAPE CORAL, FL 3399 | | | |
| FEI Number: 65-1049549 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| MESSINA, JAMES A 915-917 COUNTRY CLL CAPE CORAL, FL 3399 | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electron | nic Signature of Registered Age | ent | Date |
| GENERAL PARTNER INFORMATION: | | ADDRESS CHANGES ONL | Y: |
| Document #: Name: MESSINA. JAN | IES A | | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A MESSINA OWNE 01/17/2007