

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000002038

1. Entity Name
JES PARTNERS LTD.



Principal Place of Business
**3241 SEVILLE DRIVE
PENSACOLA, FL 32503**

Mailing Address
**3241 SEVILLE DRIVE
PENSACOLA, FL 32503**



02092006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3688491 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HUSTON, GARY W
125 WEST ROMANA STREET, SUITE 800
PENSACOLA, FL 32501**

**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, 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

| | |
|----------------|-------------------------------|
| DOCUMENT # | P00000117437 |
| NAME | JES OF PENSACOLA, INC. |
| STREET ADDRESS | 3241 SEVILLE DRIVE |
| CITY-ST-ZIP | PENSACOLA, FL 32503 |

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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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VOID
02/28/06-80076-010 158.75

**DO NOT WRITE
IN THIS SPACE**

VOID
03/02/06-80025-010 500.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-13-06

Date

Daytime Phone #

STAPLE CHECK HERE