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

STAPLE CHECK HERE

| bue by may 1, 2007   |  |                                  |                     |  |   |  |   |  |
|--|--|----------------------------------|---------------------|--|---|--|---|--|
| DOCUMENT # A00000002038  1. Entity Name JES PARTNERS LTD.  |  |                                  |                     |  |   | FIL                                      | - <del>"-</del>                               |  |
|  |  |                                  |                     |  | 7 2   | 2007 MAR 15                              | AM 10: 35                                     |  |
| Principal Place of Business Mailing Address  |  |                                  |                     |  |   | SECRETARY                                | 'AF   |  |
| 3241 SEVILLEDRIVE 3241 SEVILLEDRIVE  |  |                                  |                     |  | 7.5   | III VHV CCL                              | UFSTATE                                       |  |
| PENSYCOLA, FL 32503 PENSYCOLA, FL 32503  |  |                                  | ,                   |  | SECRETARY OF STATE<br>TALLAHASSEE, FLORID   |  | E.FLURIDA                                     |  |
|  |  |                                  |                     |  | I ARRIBIT INAL NO.                          |  | MAIRI SSIIN KISKI NOLER ILISK KULISKI AL ISSE |  |
| O Director Development No DO Day #   |  |                                  |                     |  |   |  |   |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address  |  |                                  |                     | CL   |   | III <b>ee</b> iii <b>aa</b> hi eeii aahi | <u> </u>                                      |  |
| 1602 East Cervantes St. 1602 East Cerv   |  |                                  | vant                | es st.   |   |  |   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                                  |                     |  | 03092007                                    | Chg-LP                                   | CR2E003 (12/06)                               |  |
|  |  |                                  |                     |  |   |  | I la sie                                      |  |
| City & State   |  | City & State  Pensacola FT       |                     | 4. FEI Number                                      | 104   | Applied For                              |   |  |
| Pensacola, FL  |  | Pensacola, FL                    |                     | 59-36884   | 19.1  | Not Applicable                           |   |  |
| Zip Country<br>32501 Escambia  |  | Zip<br>32501                     | Country<br>Escambia |  | 5. Certificate of                           | Status Desired                           | \$8.75 Additional Fee Required                |  |
| 32301  |  | <u></u>                          |                     | 1  | 7. Name and A.                              | ddroop of Nove Do                        | <del></del>                                   |  |
| 6. Name and Address of Current Registered Agent  |  |                                  |                     |  | 7. Name and Address of New Registered Agent |  |   |  |
| CHEDDII I  | IOHN H III                                       |                                  |                     | INDITE   |   |  |   |  |
| SHERRILL, JOHN H III 1602 EAST CERVANTES ST. PENSACOLA, FL 32501   |  |                                  |                     | Street Address (P.O. Box Number is Not Acceptable) |   |  |   |  |
|  |  |                                  |                     |  |   |  |   |  |
|  |  |                                  |                     |  |   |  |   |  |
|  |  |                                  |                     | City 710 Code                                      |   |  |   |  |
|  |  |                                  |                     | City FL Zip Code                                   |   |  |   |  |
| 8. The above   | named entity submits this statement for          | the purpose of changing its      | register            | ed office or reg                                   | istered agent, or both,                     | in the State of Flor                     | ida. I am familiar with, and accept           |  |
| the obligat  | ions of registered agent.                        |                                  |                     |  |   |  |   |  |
| OLONIATI IDE   |  |                                  |                     |  |   |  |   |  |
| SIGNATURE  |  |                                  |                     |  |   |  |   |  |
|  |  |                                  |                     |  |   |  |   |  |
|  |  | Mil 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 #   |  |                                  |                     |  |   |  |   |  |
| NAME   |  |                                  |                     | EET ADDRESS 7                                      | 1602 East Cei                               | )2 East Cervantes St.                    |   |  |
| STREET ADDRESS   | JES OF PENSACOLA, INC.                           |                                  |                     |  |   |  |   |  |
| CITY-ST-ZIP  | 3241 SEVILLE DRIVE<br>PENSACOLA, FL 32503        |                                  | CITY                | Pensacola, FL 32501                                |   |  |   |  |
|  | PENSACOLA, FL 32303                              |                                  |                     | <del></del>  |   |  |   |  |
| DOCUMENT#  |  |                                  | STR                 | EET ADDRESS  |   |  |   |  |
| NAME   |  |                                  | ı                   | <u> </u>   |   |  |   |  |
| STREET ADDRESS   |  |                                  | CITY                | r-ST-ZIP   | 9009452255<br>03/23/0701049026 **\$00.00    |  |   |  |
| CITY-ST-ZIP  |  | <u></u>                          |                     |  | <u> </u>                                    | 0701049-                                 | -026 **500.00                                 |  |
| DOCUMENT #   |  |                                  | STR                 | EET ADDRESS  |   |  |   |  |
| NAME   |  |                                  |                     | ļ  |   | ·····                                    |   |  |
| STREET ADDRESS   |  |                                  | CIT                 | r-ST-ZIP   |   |  |   |  |
| CITY-ST-ZIP  |  |                                  | 1_                  |  |   |  |   |  |
| DOCUMENT #   | İ  |                                  | SID                 | EET ADDRESS  |   |  |   |  |
| NAME   | l  |                                  | [ ]                 |  |   |  | <u>.</u>                                      |  |
| STREET ADDRESS   |  |                                  | ĊIT                 | Y-ST-ZIP   |   |  |   |  |
| CITY-ST-ZIP  |  |                                  |                     |  |   |  |   |  |
| DOCUMENT #   |  |                                  | em                  | EET ADDRESS  |   |  | · <del></del>                                 |  |
| NAME   |  |                                  | SIR                 | ILL : MUUNEOO                                      |   |  |   |  |
| STREET ADDRESS   | <u> </u>   |                                  | 1                   |  |   |  |   |  |
| CITY-ST-ZIP  |  |                                  | CIT                 | Y-ST-ZIP   |   |  |   |  |
| DOCUMENT #   |  |                                  | 1-                  |  |   |  |   |  |
| NAME   |  |                                  | STR                 | EET ADDRESS  |   |  |   |  |
| STREET ADDRESS   | 1  |                                  | 1                   | <del> </del>                                       |   | <del></del>                              |   |  |
| CITY-ST-ZIP  |  |                                  | CIT                 | Y-ST-ZIP   |   |  |   |  |
|  | portify that the information symplecturity       | h this filing does not quelle: f | or the e            | vemptions con                                      | tained in Chanter 110                       | Florida Statutos I                       | further certify that the information          |  |
| indicated  | on this report is true and accurate and          | that my signature shall have     | the sam             | ne legal effect a                                  | s if made under oath;                       | that I am a Genera                       | Partner of the limited partnership            |  |
| 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 |  |                                  |                     |  |   |  |   |  |
| l  | $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ |                                  |                     |  |   |  |   |  |