

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000002061

**FILED**  
**Mar 03, 2008**  
**Secretary of State**

**Entity Name:** JAMIE & JESSICA INSURANCE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

164 BAYMOUNT DRIVE  
STATESVILLE, NC 28625

**New Principal Place of Business:**

**Current Mailing Address:**

164 BAYMOUNT DRIVE  
STATESVILLE, NC 28625

**New Mailing Address:**

**FEI Number:** 56-2226681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, GARY  
8001 HARWOOD C  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: B00000000399  
Name: ROBINSONS OF STATESVILLE LTD  
Address: 164 BAYMOUNT DRIVE  
City-St-Zip: STATESVILLE, NC

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY ROBINSON

TRTE

03/03/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date