2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

Feb 10, 2006 08:00 AM Secretary of State DOCUMENT # A01000000003 1. Entity Name JNR & KKR, LTD. Principal Place of Business Mailing Address 12192 MANDARIN ROAD JACKSONVILLE FL 32223 12192 MANDARIN ROAD JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 03-0553244 Not Applicat Ζφ Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROOD, J. NEIL Street Address (P.O. Box Number is Not Acceptable) 12192 MANDARIN ROAD JACKSONVILLE FL 32223 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, typed or printed name of registered agent and life if applicable. FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY **BOCUMENT #** P94000091829 STREET ADDRESS NAME JNR & KKR, INC. STREET ADDRESS 12192 MANDARIN ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 1/06-80069-009 500.00 COCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP OCCUMENT # STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CCTY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

STAPLE

J. NEIL ROOD

2/7/06

904/268-1684

FILED