

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # A01000000003 1. Entity Name: JNR & KKR, LTD.	
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Principal Place of Business 12192 MANDARIN ROAD JACKSONVILLE FL 32223	Mailing Address 12192 MANDARIN ROAD JACKSONVILLE FL 32223
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc City & State Zip	3. Mailing Address Suite, Apt #, etc City & State Zip
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1st MOORE CR2E003 (10/07)

4. FEI Number 03-0553244	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROOD, J. NEIL 12192 MANDARIN ROAD JACKSONVILLE FL 32223	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

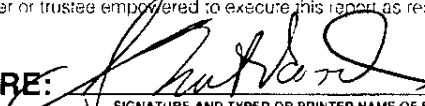
SIGNATURE _____ DATE _____
Signature based on printed name of registered agent and not a legal officer

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000091829 JNR & KKR, INC. 12192 MANDARIN ROAD JACKSONVILLE FL 32223	STREET ADDRESS CITY-ST-ZIP	0000000854284 03/27/08-80001-018 500.00
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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:  **J. NEIL ROOD** **3-7-08** **904-268-1694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Telephone Phone

STAPLE CHECK HERE