

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000557</b> 1. Entity Name <b>JMR CAPITAL PARTNERS, LTD.</b>					
Principal Place of Business <b>1040 BAYVIEW DR.          STE. 428          FORT LAUDERDALE, FL 33304</b>			Mailing Address <b>1040 BAYVIEW DR.          STE. 428          FORT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1099353</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>REISERT, J. MICHAEL          1040 BAYVIEW DRIVE STE. 428          FORT LAUDERDALE, FL 33304</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>				<b>U00000491414</b> <b>04/19/06-80020-023 500.00</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P99000000596		STREET ADDRESS		
NAME	JMR GROUP, INC.		CITY-ST-ZIP		
STREET ADDRESS	1040 BAYVIEW DR., STE 428		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		



01162006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**65-1099353**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**REISERT, J. MICHAEL**  
**1040 BAYVIEW DRIVE STE. 428**  
**FORT LAUDERDALE, FL 33304**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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, typed or printed name of registered agent and title if applicable.

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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 authorized to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3/28/06** Daytime Phone # **954-521-3226**

STAPLE CHECK HERE