

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001161			
1. Entity Name JAHF PROPERTIES, LTD., LLLP			
Principal Place of Business 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801		Mailing Address P.O. BOX 3068 ORLANDO, FL 32802-3068	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRICE, PAMELA O ESQ. 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801		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.			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000085654	STREET ADDRESS	
NAME	JAHF, INC.	CITY-ST-ZIP	
STREET ADDRESS	301 EAST PINE STREET, SUITE 1400	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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: JAHF, INC.		4/8/06 407-843-8880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	
Pamela O. Price			

STAPLE CHECK HERE



01072006 Chg-LP CR2E003 (11/05)

4. FEI Number **59-3742054** Applied For
Not Applicable

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

FL Zip Code

1100000382445
01/12/06-80012-001-500.00