2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A02000000249

1. Entity Name

JLF FAMILY PARTNERSHIP, LTD.



FILED Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business

CORAL GABLES, FL 33146

4000 PONCE DE LEON BLVD., SUITE 700

Mailing Address

4000 PONCE DE LEON BLVD., SUITE 700 CORAL GABLES, FL 33146



DO NOT WRITE IN THIS SPACE

01252008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 52-2077785

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET 28TH FLOOR MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	anamed entity submits this statement for the purpose of changing its rations of registered agent ${f r}$	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.	00
		ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	L01000019300	
NAME	JLF GENERAL PARTNER, LLC	
STREET ADDRESS	4000 PONCE DE LEON BLVD., SUITE 700	U00000913958 ·
CITY-ST-ZIP	CORAL GABLES, FL 33146	U5/U8/U8-8UU38-009 508.7S
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14. I hereby certify that the information supplied with this fixing 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 appure 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 empower partnership report as required by Chapter 620, Florida Statutes

SIGNATURE:

James L. Ferraro

NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 20, 2008

(305) 375-0111

Daytime F

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT /

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP