

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

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000523

1. Entity Name
JKW GROUP, LTD.



Principal Place of Business
**22740 CARAVELLE CIRCLE
BOCA RATON, FL 33433 US**

Mailing Address
**22740 CARAVELLE CIRCLE
BOCA RATON, FL 33433 US**



01102006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0585394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLUFT, JEROME M
22740 CARAVELLE CIRCLE
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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

000000482908
04/14/06-310083-010 500.00
DATE

**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

DOCUMENT # **G02087900235**
NAME **JEROME M. KLUFT TRUST U/A/D 5/2/1997**
STREET ADDRESS **22740 CARAVELLE CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

DOCUMENT # **G02087900241**
NAME **WILMA KLUFT TRUST U/A/D 5/2/1997**
STREET ADDRESS **22740 CARAVELLE CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Jerome M. Kluff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/06
Date

Daytime Phone #

STAPLE CHECK HERE