

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 02, 2008 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



01052008 No Chg-LP

CR2E003 (12/06)

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

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04/14/08-80062-021 500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE