


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A02000000921	
<b>1. Entity Name</b> JASPER 26 INVESTMENTS, LTD.	

<b>Principal Place of Business</b> 4126 LASALLE DRIVE PALM HARBOR FL 34685	<b>Mailing Address</b> 4126 LASALLE DRIVE PALM HARBOR FL 34685
--	--



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

<b>4. FEI Number</b> 14-1837415	Applied For Not Applicable
------------------------------------	-------------------------------

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  RIEF, FRANK J III 442 WEST KENNEDY BLVD., SUITE 340 TAMPA FL 33606
--

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable **DATE** \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	ZILBERBERG, PAULINE L 4126 LASALLE DRIVE PALM HARBOR FL 34685	<b>STREET ADDRESS</b>  CITY - ST - ZIP	U00000500804 04/25/06-80034-025 500.00
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  CITY - ST - ZIP	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  CITY - ST - ZIP	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  CITY - ST - ZIP	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  CITY - ST - ZIP	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  CITY - ST - ZIP	

STAPLE CHECK HERE

**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:** *Pauline L. Zilberberg* Pauline L. Zilberberg AR:172006.727-945-1277