

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 APR 18 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001172			
1. Entity Name THE JRM LIMITED PARTNERSHIP			
Principal Place of Business 402 N. DORT STREET PLANT CITY, FL 33563		Mailing Address 402 N. DORT STREET PLANT CITY, FL 33563	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 56-2318283		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, JOHN ROBERT 402 N. DORT STREET PLANT CITY, FL 33563		7. Name and Address of New Registered Agent 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 fee if applicable.			
9. Capital Contributions as Shown on record. \$50,000.00		10. Amount of Capital Contributions in FLORIDA to date 50,000	
		438.75	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P02000088015 JRM & JRM II, INC. 402 N. DORT STREET PLANT CITY, FL 33563	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate, or 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 4.8.05 Date	

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