

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JUL 27 AM 9:06

**DOCUMENT # A02000001311**

1. Entity Name  
 JTR007, LTD.



Principal Place of Business  
 1039 TRAILWOOD CIRCLE  
 JUPITER, FL 33478

Mailing Address  
 1039 TRAILWOOD CIRCLE  
 JUPITER, FL 33478

2. Principal Place of Business

10039 Trailwood Circle  
 Suite, Apt. #, etc.

3. Mailing Address

180 Royal Palm Way  
 Suite, Apt. #, etc.  
 Suite 201

07192006 Chg-LP CR2E003 (11/05)

City & State

Jupiter, FL  
 Zip 33478 Country USA

City & State

Palm Beach  
 Zip FL Country USA

4. FEI Number  
 52-2382247

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

TARONE, THEODORE T JR  
 180 ROYAL PALM WAY, SUITE 201  
 C/O STAMBAUGH & TARONE, PA  
 PALM BEACH, FL 33480

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

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

DATE

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 6, 2006, Fee will be \$1000.00**

**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 # L02000021516  
 NAME JLR007, LLC  
 STREET ADDRESS 1039 TRAILWOOD CIRCLE  
 CITY-ST-ZIP JUPITER, FL 33478

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

10039 Trailwood Circle  
 Jupiter FL 33478

STREET ADDRESS

CITY-ST-ZIP

100078225951  
 02/01/06 01043 006 \*\*\$300.00

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

7-18-2006

Date

Daytime Phone #

STAPLE CHECK HERE