2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

May 01, 2006 08:00 AN Secretary of State **DOCUMENT # A02000001398** 1. Entity Name J.J.K.S.B. INVESTMENTS, LTD. Principal Place of Business Mailing Address 715 S.E. 8TH STREET 715 S.E. 8TH STREET DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 03182006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1633147 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SKRABUT, JAMES DO NOT WRITE 715 S.E. 8TH STREET DELRAY BEACH, FL 33483 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, typod or printed name of registered agent and title if applicable 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME SKRABUT, JAMES STREET ADDRESS 715 S.E. 8TH STREET 000000554370 CITY - ST-ZIP DELRAY BEACH, FL 33483 05/15/06-80089-015 500.00 DOCUMENT # NAME BAKER, JANELL A STREET ADDRESS 715 S.E. 8TH STREET CITY-ST-ZIP DELRAY BEACH, FL 33483 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

A-27-06

561.274-A530

FILED