

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:15

DOCUMENT # A02000001422 1. Entity Name P&A ENTERPRISES OF NAPLES, LTD.					
Principal Place of Business 5780 TAYLOR ROAD, UNIT #2 NAPLES, FL 34109			Mailing Address 5780 TAYLOR ROAD, UNIT #2 NAPLES, FL 34109		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03272006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 06-1655904	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLASP INC. 3001 TAMiami TRAIL NORTH, 4TH FLOOR NAPLES, FL 34103				7. Name and Address of New Registered Agent Name <u>Peter Lang</u> Street Address (P.O. Box Number is Not Acceptable) <u>5780 Taylor Rd Unit #2</u> City <u>Naples</u> FL Zip Code <u>34109</u>	
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 <u>Peter R. Lang</u> DATE <u>3/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L02000026816		STREET ADDRESS		
NAME	JAKZ, LLC		CITY-ST-ZIP		
STREET ADDRESS	5780 TAYLOR ROAD, UNIT #2				
CITY-ST-ZIP	NAPLES, FL 34109				
DOCUMENT #			STREET ADDRESS		
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NAME			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: <u>Peter R. Lang</u>			<u>PETER R. LANG</u> <u>3/30/06</u> <u>239-514-4176</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>		

STAPLE CHECK HERE

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 Pa 500.00 3/30/06 ct# 5049



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