## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A02000001455

1. Entity Name JTM PROPERTIES OF JACKSONVILLE, LTD

FILED Feb 09, 2006 08:00 AN Secretary of State

Principal Place of Business

3529 BEAUCLERC WOOD LANE WEST JACKSONVILLE, FL 32257

Mailing Address

3529 BEAUCLERC WOOD LANE WEST JACKSONVILLE, FL 32257



01102006 No Chg-LP

CR2E003 (11/05)

5	Certificate of Status Desired	 \$8.7	5 Additional
4,	FEI_Number 54-2076974	1	Applied For Not Applicable

6. Name and Address of Current Registered Agent

COLD, KATHLEEN H ONE INDEPENDENT DRIVE STE. 2301 JACKSONVILLE, FL 32202

## DO NOT WRITE IN THIS SPACE

j j		
8. The above the obligat	named entity submits this statement for the purpose of changing its regions of registered agent.	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered agent and little if applicable	Mary Control of the C
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	The second secon
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  orm; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	A secondary of
DOCUMENT#	L02000022779	
NAME	FARHAT INVESTMENTS, LLC	
STREET ADDRESS	3529 BEAUCLERC WOOD LANE WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
DOCUMENT#		7.00 · · · · · · · · · · · · · · · · · ·
NAME	}	
STREET ADDRESS		
CITY-ST-ZIP		U00000425802
DOCUMENT#		02/20/06-80018-003 500,00
NAME	1	DO NOT WRITE
STREET ACCRESS CITY-SI-ZIP	•	DO NOT WRITE
	<u> </u>	IN THIS SPACE
DOCUMENT#		IN THIS OF AGE
STREET ADDRESS	<b>]</b>	
CITY-ST-ZIP		
DOCUMENT #	<del> </del>	
NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	]	
CITY:ST-ZIP		
DOCUMENT #	report and took to the North Love to the	ए । १८६१ । इसे धारम्बद्धाः १६ असे स्टाप्यः भाषाच्याः । सन्तरम् राष्ट्रः राज्येकार्यः
NAME	1 - 1 to 1 the 1. By turn direct Bungar immediation	1000 · 1
STREET ADDRESS	arther than the contract of the contract of the contract of	
CITY-ST-ZIP	1178 11. 194 224 11 77 Per <b>1</b> 7	
14. I hereby	certify that the information supplied with this filling does not qualify for the	e exemplions contained in Chapter 119, Florida Statutes, I further certify that the information

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 eath; 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:

STAPLE CHECK HERE

SUDDING FAIRED NAME OF SIGNING GENERAL PARTNER,

2/5/6

904-733-8013

Daytime Phone #