

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A02000001729</b> 1. Entity Name <b>J-MIL FAMILY LIMITED PARTNERSHIP, LLLP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 MAR 18 AM 9:39

Principal Place of Business <b>7780 A1A S, UNIT 412</b> <b>ST. AUGUSTINE, FL <del>32086</del></b> <span style="font-size: 1.5em; margin-left: 100px;">32080</span>	Mailing Address <b>7780 A1A S, UNIT 412</b> <b>ST. AUGUSTINE, FL <del>32086</del></b> <span style="font-size: 1.5em; margin-left: 100px;">32080</span>
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JMS



2. Principal Place of Business	3. Mailing Address	03142005 Chg-LP CR2E003 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>65-1167794</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**BRANT, ABRAHAM, REITER & MCCORMICK, P.A.**  
**50 NORTH LAURA STREET, SUITE 2750**  
**JACKSONVILLE, FL 32202**

**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 *J. Mills* 3-14-05  
Signature typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>2,000,000.00</b>
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**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 #	<b>L02000034931</b>
NAME	<b>J-MIL ENTERPRISES, LLC</b>
STREET ADDRESS	<b>7780 A1A S., UNIT 412</b>
CITY-ST-ZIP	<b>ST AUGUSTINE, FL <del>32086</del> 32080</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>200049241122</b> <b>03/28/05--01009--014 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*J. Mills*

3-14-05 904 797