


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

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000001729

1. Entity Name
J-MIL FAMILY LIMITED PARTNERSHIP, LLLP



Principal Place of Business
7780 A1A S, UNIT 412
ST. AUGUSTINE, FL 32080

Mailing Address
7780 A1A S, UNIT 412
ST. AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE



04032006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-1167794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable

**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L02000034931 J-MIL ENTERPRISES, LLC 7780 A1A S., UNIT 412 ST AUGUSTINE, FL 32080
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04/19/06-80022-018 500.00

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STAPLE CHECK HERE

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:  4-3-06 904-797-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #