


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address SAME
Suite, Apt. #, etc. 7857 A1A S	Suite, Apt. #, etc. 7857 A1A S

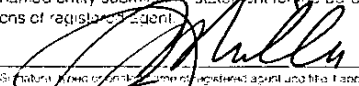
City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip 32080	Zip 32080
Country USA	Country USA

04232007	Chg-LP	CR2E003 (12/06)
4. FEI Number 65-1167794	Applied For Not Applicable	
5. Date of Status Desired	<input type="checkbox"/>	\$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	
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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:  DATE: **4-23-07**


**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	L02000034931
NAME	J-MIL ENTERPRISES, LLC
STREET ADDRESS	7780 A1A S., UNIT 412
CITY- ST- ZIP	ST AUGUSTINE, FL 32080
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	7857 A1A S
CITY- ST- ZIP	ST. AUGUSTINE, FL. 32080
STREET ADDRESS	
CITY- ST- ZIP	
000101241390 05/02/07--01054--001 **500.00	
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 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:  DATE: **4-23-07** 904-471-6097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

2007 APR 30 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

AS