


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

DOCUMENT # A02000001729	
1. Entity Name J-MIL FAMILY LIMITED PARTNERSHIP, LLLP	

FILED

2007 APR 30 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

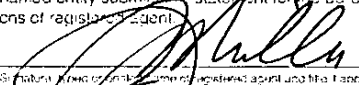
04232007 Chg-LP CR2E003 (12/06)

City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL	4. FEI Number 65-1167794	Applied For Not Applicable
Zip 32080	Country USA	5. Date of Status Desired 32080	Country USA

5. Date 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		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
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	L02000034931 J-MIL ENTERPRISES, LLC 7780 A1A S., UNIT 412 ST AUGUSTINE, FL 32080
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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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	
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STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	

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: 	DATE 4-23-07	IDENTIFICATION # 904-471-6097
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #