# 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 | Mailing Address |
|---|---|
| 7780 A1A S, UNIT 412<br>ST. AUGUSTINE, FL 32080 | 7780 A1A S, UNIT 412<br>ST. AUGUSTINE, FL 32080 |

04232007 Chg-LP CR2E003 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| | SAME |
| Suite, Apt. #, etc.<br>7857 A1A S | Suite, Apt. #, etc.<br>7857 A1A S |
| City & State<br>ST. AUGUSTINE, FL | City & State<br>ST. AUGUSTINE, FL. |
| Zip: 32080 Country: USA | Zip: 32080 Country: USA |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| BRANT, ABRAHAM, REITER & MCCORMICK,P.A.<br>50 NORTH LAURA STREET, SUITE 2750<br>JACKSONVILLE, FL 32202 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 4-03-07
Signature required when changing the registered agent and the Registered Agent

**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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | L02000034931 | STREET ADDRESS | 7857 A1A S |
| NAME | J-MIL ENTERPRISES, LLC | CITY ST ZIP | ST. AUGUSTINE, FL. 32080 |
| STREET ADDRESS | 7780 A1A S., UNIT 412 | | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32080 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY ST ZIP | 000101241390 |
| STREET ADDRESS | | | 05/02/07--01054--001 **500.00 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY ST ZIP | |
| 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:** _____ 4-23-07 904-471-6097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #