2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Jan 18, 2007 08:00 AM Secretary of State

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1. Entity Name

JAMÉS C. JENKINS FAMILY LIMITED PARTNERSHIP



Principal Place of Business

941 E. MAIN ST. LAKELAND, FL 33801 Mailing Address P.O. BOX 987

LAKELAND, FL 33802



DO NOT WRITE IN THIS SPACE

01122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

02-0688491

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, JAMES C 941 E. MAIN ST. LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

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8. The above the obliga	e named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		
	Signature, typed or printed name of registered agent and title if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900	0.00
	A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on the	TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. se form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	JENKINS, JAMES C 941 E. MAIN ST. LAKELAND, FL 33801	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		U00000590886 01/18/07-80071-023 500.00
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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:

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

in Copyhina

JAMES C. JENKINS

13/67

363-641-1848