

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

2004 LIMITED PARTNERSHIP ANNUAL REPORT

APPROVED By May 1, 2004

AND
FILED

04 APR -2 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000349

1. Entity Name

JCF MANAGEMENT SERVICES, LTD.



Principal Place of Business

601 N. FLAMINGO ROAD, STE. 315A
PEMBROKE PINES, FL 33028

Mailing Address

601 N. FLAMINGO ROAD, STE. 315A
PEMBROKE PINES, FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-LP

CR2E003 (10/03)

4. FEI Number

55-0820880

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

GREEN, MITCHELL F
KRAMER, GREEN, ZUCKERMAN, GREENE ET AL
4000 HOLLYWOOD BLVD., STE. 485 SOUTH
HOLLYWOOD, FL 33028

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

26,558.35

274.65

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
Frost, Jason H. D.O.
601 N. Flamingo Rd, Ste 315A
Pembroke Pines, FL 33028

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/30/17

951VULF7A

STAPLE CHECK HERE