
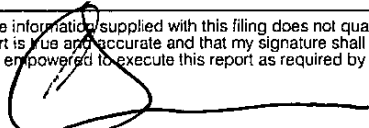


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 20 AM 8:33

<b>DOCUMENT # A03000000349</b>			
1. Entity Name JCF MANAGEMENT SERVICES, LTD.			
Principal Place of Business 601 N. FLAMINGO ROAD, <del>STE. 315A</del> PEMBROKE PINES, FL 33028		Mailing Address 601 N. FLAMINGO ROAD, <del>STE. 315A</del> PEMBROKE PINES, FL 33028	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>SUITE 319</b>		Suite, Apt. #, etc. <b>SUITE 319</b>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>55-0820880</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$26,558.35</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FROST, JASON H D.O.	CITY-ST-ZIP	
STREET ADDRESS	601 N. FLAMINGO ROAD, <del>STE. 315A</del> <b>SUITE 319</b>		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		
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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: 		Date <b>1-15-05</b> Daytime Phone # <b>402 910-5344 x8786</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

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