

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

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000000349**

1. Entity Name  
JCF MANAGEMENT SERVICES, LTD.



Principal Place of Business  
601 N. FLAMINGO ROAD  
SUITE 319  
PEMBROKE PINES, FL 33028

Mailing Address  
601 N. FLAMINGO ROAD  
SUITE 319  
PEMBROKE PINES, FL 33028



01172007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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

**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  
FROST, JASON H D.O.  
601 N. FLAMINGO ROAD, STE. 319  
PEMBROKE PINES, FL 33028

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CITY-ST-ZIP

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U00000606601  
01/31/07-80003-024 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE