


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # A03000000349 1. Entity Name JCF MANAGEMENT SERVICES, LTD.	
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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
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01092008 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 <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

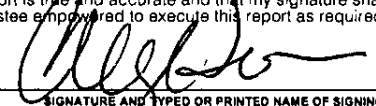
U000000798638
01/30/08-80036-007 500.00

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	FROST, JASON H D.O.
STREET ADDRESS	601 N. FLAMINGO ROAD, STE. 319
CITY- ST- ZIP	PEMBROKE PINES, FL 33028
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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

1/14/08 **904**
55-0820880
Date Daytime Phone #

STAPLE CHECK HERE