## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Apr 05, 2007 08:00 A Secretary of State Due By May 1, 2007 **DOCUMENT # A03000000957** JNM FLAGLER DEVELOPMENT, LTD. Principal Place of Business Mailing Address **432 OSCEOLA AVENUE** 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 03052007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0470604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202 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. DATE Signature, typed or printed name of registered agent and title if applicable. 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P03000062331 JNM FLAGLER, INC. NAME STREET ADDRESS **432 OSCEOLA AVENUE** 1000000692126 CITY - ST-ZIP JACKSONVILLE BEACH, FL 32250 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT #

. 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:

STAPLE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

<del>3/2</del>1/2007

Date

904-247-9160

Daytime Phone #

√ames N. McGarvey, Jr.