

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A03000000957	
1. Entity Name JNM FLAGLER DEVELOPMENT, LTD.	

Principal Place of Business 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250	Mailing Address 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 51-0470604	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

RAX CO.  
50 NORTH LAURA STREET, SUITE 3300  
JACKSONVILLE, FL 32202

**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**

U00000924326  
 05/16/08-80068-017 500.00

**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 #	P03000062331
NAME	JNM FLAGLER, INC.
STREET ADDRESS	432 OSCEOLA AVENUE
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250
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**

STAPLE CHECK HERE

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:** *Dinah Herring Robertson* **Date:** 4-17-08 **Daytime Phone #:** 9042479160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER