2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 06, 2007 08:00 A Secretary of State

DOCUMENT # A04000000079	
1. Entity Name	
JACORD LIMITED PARTNERSHIP	



Principal Place of Business 3825 HENDERSON BLVD. SUITE 100

TAMPA, FL 33629

Mailing Address PO BOX 18404 TAMPA, FL 33679

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03232007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 52-2420323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

813-876-3131

REIBER, SAM I ESQ. 3821 HENDERSON BLVD. **SUITE 100**

SIGNATURE:

DO NOT WRITE

TAMPA, F	L 33629	IN THIS SPACE				
	named entity submits this statement for the purpose of changing its registions of registered agent.	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
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	U00000692387 04/13/07-80048-018 500.08				
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. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS	GENERAL PARTNER INFORMATION P03000099349 JACORD, INC. 3825 HENDERSON BLVD. TAMPA, FL 33629	DO NOT WRITE				
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP						
NAME CTREET ADDRESS		·				

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 AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

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