

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:43

DOCUMENT # A04000000147 1. Entity Name JRF INVESTMENTS, LTD.					
Principal Place of Business 316 VIRGINIA STREET HOLLYWOOD, FL 33019				Mailing Address 316 VIRGINIA STREET HOLLYWOOD, FL 33019	
2. Principal Place of Business 411 N. NEW RIVER DR Suite, Apt. #, etc. # 403		3. Mailing Address 411 N. NEW RIVER DR Suite, Apt. #, etc. # 403			
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL		03302006 Chg-LP CR2E003 (11/05)	
Zip 33301		Country US		4. FEI Number 20-0685962	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FALIN, JAMES R 411 N NEW RIVER DR #403 FT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name <u>Falin James R</u> Street Address (P.O. Box Number is Not Acceptable) 411 N. NEW RIVER DR E, #403 City <u>FT LAUD</u> <u>FL</u> Zip Code <u>33301</u>		
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 <u>[Signature]</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000015978		STREET ADDRESS	411 N. NEW RIVER DR #403	
NAME	JRF ASSOCIATES, INC.		CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
STREET ADDRESS	316 VIRGINIA STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP		
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			JAMES R FALIN PARTNER Date <u>4/20/06</u> Daytime Phone # <u>805-479-5499</u>		

STAPLE CHECK HERE