


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED

08 SEP -5 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000147	
1. Entity Name JRF INVESTMENTS, LTD.	

Principal Place of Business 411 NORTH NEW RIVER DRIVE EAST # 403 FT LAUDERDALE, FL 33301	Mailing Address 411 NORTH NEW RIVER DRIVE EAST SUITE 403 FORT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box # 411 N. New River Dr E. Suite, Apt. #, etc. 402	3. Mailing Address 411 N. New River Dr E. Suite, Apt. #, etc. 402
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08202008 Chg-LP CR2E003 (12/06)

City & State FT Lauderdale FL	City & State FT Lauderdale FL
Zip 33301	Zip 33301
Country	Country

4. FEI Number 20-0685962	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 FALIN, JAMES R 411 NORTH NEW RIVER DRIVE EAST SUITE 402 FT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000015978 JRF ASSOCIATES, INC. 411 NORTH NEW RIVER DRIVE EAST FT LAUDERDALE, FL 33301	STREET ADDRESS CITY-ST-ZIP	200135534382 09/09/08--01012--018 **500.00
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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: Falin **8/20/08** **954 678 1795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE