


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A04000000203

1. Entity Name
JAZZIZ OF HOLLYWOOD, LTD.



FILED
 07 SEP 21 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business Mailing Address
5751 SEMINOLE WAY **5751 SEMINOLE WAY**
FORT LAUDERDALE, FL 33314 **FORT LAUDERDALE, FL 33314**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07132007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
20-0723907 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LUBITZ, CHARLES A
515 NORTH FLAGLER DRIVE, 17TH FLOOR
WEST PALM BEACH, FL 33401

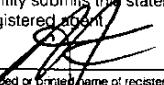
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **09/07/07**

Signature, typed or printed name of registered agent and date if applicable.

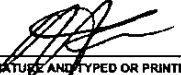
FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007

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 #	P03000151473	STREET ADDRESS	
NAME	JAZZIZ GENERAL OF HOLLYWOOD, INC.	CITY-ST-ZIP	700109972847 09/25/07--01008--025 **508.75
STREET ADDRESS	5751 SEMINOLE WAY	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33314	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **09/07/07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE