2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

FILED **DOCUMENT # A0400000749** 2006 APR 21 AM 9: 10 1. Entity Name JATX, LLLP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 709-3316 RIDEAU PLACE SW 7268 BLOUNTSTOWN HIGHWAY CALGARY, ALBERTA TALLAHASSEE, FL 32310 CANADA T2S-1Z4, 2. Principal Place of Business 3. Mailing Address 1435 Riedmont Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chg-LP CR2E003 (11/05) <u>Suite</u> 4. FEI Number Applied For City & State City & State allahassce 84-0426424 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32308 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 Sgnanure, typed or printed name of registered agent and title if applicable. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION DOCUMENT # F04000002505 STREET ADORESS 800072325748 AZAD EXPLORATION, INC. NAME 04/27/06--01021--011 **500.00 STREET ADDRESS 709-3316 RIDEAU PLACE SW CITY-ST-ZIP CITY-ST-ZIF CALGARY, ALBERTA, CANADA, DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP FERE CITY-ST-ZIF DOCUMENT # STREET ADORESS CHECK NAME STREET ADDRESS CITY-ST-7P CITY-ST-7IP STAPLE DOCUMENT # STREET ADDRESS NAMÉ 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 04/19/06 Samil Azad Pres. 403-228-2045 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER