



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 9:10

DOCUMENT # A04000000813		
1. Entity Name JMC QUEST, LLLP		

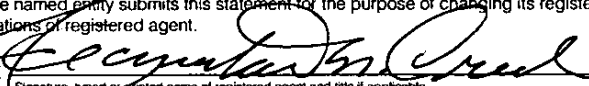
Principal Place of Business 811 - 15TH AVE. W PALMETTO, FL 34221	Mailing Address P.O. BOX 301 PALMETTO, FL 34220
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2. Principal Place of Business 2510 46th St Ct E	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Bradenton, FL	City & State
Zip 34208	Country USA

	
04182006 Chg-LP	CR2E003 (11/05)
4. FEI Number APPLIED FOR	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	
CREEL, JEANETTE M 811 - 15TH AVE. W. PALMETTO, FL 34221	

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

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 #	P04000066469	STREET ADDRESS	2510 46th St Ct E
NAME	JACRE MANAGEMENT COMPANY, INC.	CITY-ST-ZIP	Bradenton, FL 34208
STREET ADDRESS	811 - 15TH AVE. W		
CITY-ST-ZIP	PALMETTO, FL 34221		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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: 	4-18-06	941-745-2959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE