2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # A0400001316

JARDINES MAYAGUEZ LIMITED PARTNERSHIP, S.E.



Principal Place of Business

Mailing Address

247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714

247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714

FILED Apr 29, 2008 08:00 AN Secretary of State



03182008 No Chg-LP DO NOT WRITE IN THIS SPACE

4. FF! Number 86-1113469 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E003 (12/06)

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801

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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 Signature, typed or printed name of registered agent and title if applicable.	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGI	STERED 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. GENERAL PARTNER INFORMATION 12. P04000116890 DOCUMENT # NAME PICERNE JARDINES, INC. 247 NORTH WESTMONTE DRIVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP DOCUMENT# NAME STREET ADDRESS City - St - ZIP

000000931806 05/22/08-80028-012 500.00

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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 cath; 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:

DOCUMENT # NAME STREET ADDRESS

CITY-SI-ZIP DOCUMENT #

HERE

CHECK NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan Heflinger

04/25/08

(407) 772-0200

Davime Phone #