

**2006 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2006****FILED****May 01, 2006 08:00 A**  
**Secretary of State****DOCUMENT # A04000001334**1. Entity Name  
JNM RIVER REACH, LTD.

Principal Place of Business

432 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

Mailing Address

432 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

02222006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1519160

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RAX CO.  
50 N. LAURA STREET, SUITE 3300  
JACKSONVILLE, FL 32202**DO NOT WRITE  
IN THIS SPACE**

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, 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**DOCUMENT # P04000115916  
NAME JNM RIVER REACH, INC.  
STREET ADDRESS 432 OSCEOLA AVENUE  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250DOCUMENT #  
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CITY-ST-ZIPU00000554033  
05/15/06-80073-007 500.00**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-6-06 904-247-9100