2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 05, 2007 08:00 All Secretary of State Due By May 1, 2007 **DOCUMENT # A04000001334** JNM RIVER REACH, LTD. Principal Place of Business Mailing Address **432 OSCEOLA AVENUE 432 OSCEOLA AVENUE** JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 03052007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1519160- 90-0242230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE 50 N. LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 P04000115916 DOCUMENT # JNM RIVER REACH, INC. NAME STREET ADDRESS 432 OSCEOLA AVENUE ****U00000692132* CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 DOCUMENT # NAME STREET ADDRESS CITY-\$1-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT

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 phapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY ST-ZIP

SUMMATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jámes N. McGarvey, Jr.

3/21/2007

904-247-9160

Date

Daytime Phone 4