


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # A04000001508 1. Entity Name CMA & JWA FAMILY ENTERPRISES, LTD.	
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Principal Place of Business 1621 TILESTON ROAD ST. CLOUD, FL 34771	Mailing Address 1621 TILESTON ROAD ST. CLOUD, FL 34771
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-1636491	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 ATKINSON, CAROLE M 1621 TILESTON ROAD ST. CLOUD, FL 34771
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L04000065656 CMA & JWA INTERESTES, LLC 1621 TILESTON ROAD ST. CLOUD, FL 34771
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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 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: <i>Carole M. Atkinson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<i>2/1/07</i> Date	Daytime Phone #
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STAPLE CHECK HERE