

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

**FILED  
Apr 21, 2008 08:00 AM  
Secretary of State**

DOCUMENT # A05000000048

1. Entity Name  
JJMS REAL ESTATE INVESTMENTS, LLLP



Principal Place of Business  
6840 SW 81 TERRACE  
MIAMI, FL 33143

Mailing Address  
6840 SW 81 TERRACE  
MIAMI, FL 33143



03202008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2226286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ZANZURI, CLEMENT  
6840 SW 81 TERRACE  
MIAMI, FL 33143

**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, 2008, Fee will be \$900.00**

U00000908002  
05/06/08-80012-010 500.00

**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 # L05000000854  
NAME JJMS GP, LLC  
STREET ADDRESS 6840 SW 81 TERRACE  
CITY-ST-ZIP MIAMI, FL 33143

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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 #

*Clement Zanzuri* 4/10/08 305-666-6676