



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A05000006456</b>		
1. Entity Name 2 JERSEY GIRLS, LLLP		
Principal Place of Business 89 SILVER OAKS CIRCLE 5202 NAPLES, FL 34119 US		Mailing Address 89 SILVER OAKS CIRCLE 5202 NAPLES, FL 34119 US

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:42

2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

04112006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2440741 ☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAMAGNI, ROSEMARIE 89 SILVER OAKS CIRCLE 5202 NAPLES, FL 34119		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 Rosemarie Tamagni Rosemarie Tamagni 4/10/06  
 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	TAMAGNI, ROSEMARIE	STREET ADDRESS	
NAME	89 SILVER OAKS CIRCLE, #5202	CITY-ST-ZIP	
STREET ADDRESS	NAPLES, FL 34119		
CITY-ST-ZIP			
DOCUMENT #	TAMAGNI, DIANE L	STREET ADDRESS	
NAME	396 LAMPLIGHTER DRIVE	CITY-ST-ZIP	
STREET ADDRESS	MARCO ISLAND, FL 34145		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

**000074077780**  
 05/05/06--01043--028 \*\*500.00

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: Rosemarie Tamagni 4/10/06 239.430.2916  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE