


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000001161 1. Entity Name THE J. SIMON REAL ESTATE LIMITED PARTNERSHIP	
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Principal Place of Business 1801 S.E. 2ND STREET POMPANO BEACH, FL 33060	Mailing Address 1801 S.E. 2ND STREET POMPANO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE



04282007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-3036718	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316

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 _____ DATE _____
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	
DOCUMENT #	
NAME	SIMON, MICHAEL R
STREET ADDRESS	1801 S.E. 2ND STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
DOCUMENT #	
NAME	SIMON, JENNIFER S
STREET ADDRESS	1801 S.E. 2ND STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000727706
05/04/07-80058-010 500.00

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:  Jennifer Simon	4/27/07 Date	954-942-8815 Daytime Phone #
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STAPLE CHECK HERE