


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001537 1. Entity Name JDG REALTY MANAGEMENT, LTD.	
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Principal Place of Business 11968 N. FLORIDA AVENUE TAMPA, FL 33612	Mailing Address 11968 N. FLORIDA AVENUE TAMPA, FL 33612
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

2007 APR 25 AM 10: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



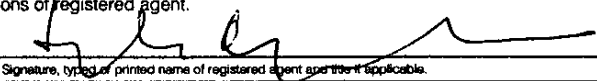
01302007 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DIGERLANDO, JOSEPH 11968 N. FLORIDA AVENUE TAMPA, FL 33612	

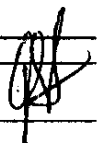
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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  **JOSEPH DIGERLANDO** 4/4/07 DATE

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000075732	STREET ADDRESS	
NAME	JDG REALTY MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	% 11968 N. FLORIDA AVENUE	STREET ADDRESS	800099066398
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	04/27/07--01005--004 **1895.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **JOSEPH DIGERLANDO** 4/4/07 813-961 8715 DATE Daytime Phone #