


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001700 1. Entity Name JUSA CAPITAL LTD.	
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Principal Place of Business 200 S. ORANGE AVE., SUITE 2025 ORLANDO, FL 32801 US	Mailing Address 200 S. ORANGE AVE., SUITE 2025 ORLANDO, FL 32801 US
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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	Zip	Country

FILED
 07 MAY 18 PM 4:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA




02022007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3406379	Applied For <input type="checkbox"/> 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	
URBAN & THIER, P.A. 545 DELANEY AVENUE BUILDING 7 ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
Name Urban & Thier, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue, Suite 2025 City Orlando State FL Zip Code 32801	

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 05/01/07

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00
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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 #	P03000108348	STREET ADDRESS	200 S. Orange Avenue, Suite 2025
NAME	BAKAUV INC.	CITY-ST-ZIP	Orlando, FL 32801
STREET ADDRESS	545 DELANEY AVENUE, #7		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	400103628004
NAME		CITY-ST-ZIP	05/31/07--01048--013 **500.00
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STREET ADDRESS			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 05/01/07 Daytime Phone # 407-245-8360
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STAPLE CHECK HERE