


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


06 APR 24 AM 10:24

<b>DOCUMENT # A05000001875</b>		
1. Entity Name JACKS SUNILAND CENTER 2, LTD.		

Principal Place of Business 1550 MADRUGA AVENUE, SUITE 230 CORAL GABLES, FL 33146	Mailing Address 1550 MADRUGA AVENUE, SUITE 230 CORAL GABLES, FL 33146
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2. Principal Place of Business	3. Mailing Address	01052006 Chg-LP CR2E003 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

*[Handwritten Signature]*



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUCHMAN RETAIL GROUP, INC. 1550 MADRUGA AVENUE, SUITE 230 CORAL GABLES, FL 33146	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	P05000133142	STREET ADDRESS	
NAME	JACKS SUNILAND CENTER 2, INC.	CITY-ST-ZIP	
STREET ADDRESS	1550 MADRUGA AVENUE, SUITE 230	STREET ADDRESS	800074080838 05/05/06--01048--026 **\$500.00
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *[Handwritten Signature]* PHILIP LEITMAN V.P. 4/18/06 305 667 6461 ext

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #