

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # A05247	
1. Entity Name THE THREE "JA-JO-JU" LIMITED PARTNERSHIP	

Principal Place of Business POST OFFICE BOX 1927 POMPANO BEACH FL 33061	Mailing Address POST OFFICE BOX 1927 POMPANO BEACH FL 33061
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent FURMAN, FRANK H JR. 900 N.E. 3 STREET POMPANO BEACH FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 59-1780686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	FRUMAN, FRANK H JR. 900 N.E. 3RD ST. POMPANO BEACH FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	000000636433
NAME		CITY-ST-ZIP	02/26/07-60018-004 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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:  **FRANK H. FURMAN, JR.**
Date: **2/12/07** District Phone #: **954 943-5050**