


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # A06000000289
1. Entity Name
JNM LAKEWOOD, LTD.



Principal Place of Business Mailing Address
432 OSCEOLA AVENUE 432 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-4385109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202

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, 2008, 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.

U00000924328
05/16/08 00000 010 500.00

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P06000018319 JNM LAKEWOOD, INC. 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Paul H. Robertson* Dinah Herring Robertson 4-17-08 904-247-9160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #