


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

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A06000000581</b> 1. Entity Name <b>CLUB DEAL 119 JACKSONVILLE PORTFOLIO, LTD.</b>	
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Principal Place of Business <b>1350 EAST NEWPORT CENTER DRIVE, SUITE 206</b> <b>DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>1350 EAST NEWPORT CENTER DRIVE, SUITE 206</b> <b>DEERFIELD BEACH, FL 33442</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc City & State Zip Country	3. Mailing Address Suite, Apt. #, etc City & State Zip Country	4. FEI No. <b>20-4839417</b> Applied For Not Applicable
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01042008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent <b>TAURUS SOUTHERN INVESTMENTS, LLC</b> <b>1350 EAST NEWPORT CENTER DRIVE, SUITE 206</b> <b>DEERFIELD BEACH, FL 33442</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
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**

02/27/08-80087-005 508.75

**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 #	L06000044378	STREET ADDRESS	
NAME	CD119GP, LLC	CITY- ST- ZIP	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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NAME		CITY- ST- ZIP	
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:**

*Imaury Hag*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*14 Feb 2008*

Date

*754-428-4585*

Daytime Phone #

STAPLE CHECK HERE