## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

SIGNATURE: Curtis J. Jernigan, Mgr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED DOCUMENT # A0600001524 2007 APR 30 AM 10: 20 MIRACLE STRIP ENTERPRISES II. LTD. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 3650 KOREY LANE 3650 KOREY LANE NAVARRE, FL 32566 NAVARRE, FL 32566 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 20-8726355 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JERNIGAN, CURTIS J 3650 KOREY LANE Street Address (P.O. Box Number is Not Acceptable) NAVARRE, FL 32566 City Zip Code FL The above named entity submits this state the obligations of registered agent. the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 4-26-07 DATE SIGNATES FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS JERNIGAN MANAGEMENT, L.L.C. NAME STREET ADDRESS 3650 KOREY LANE CITY-ST-ZIP CITY-ST-ZIP NAVARRE, FL 32566 100101972741 05/09/07--01046--006 \*\*5 DOCUMENT # STREET ADDRESS NAME **\***\*\$500,00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS VAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENT / DOCU STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 his 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 of trustely empowered to execute this report as required by Chapter 620, Florida Statutes

(850) 939-2451

Daytime Phone #

Date