


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # A06000001540
1. Entity Name
JB MARKOWITZ LP



Principal Place of Business: **35 SPANISH RIVER DR. OCEAN RIDGE FL 33435**
Mailing Address: **35 SPANISH RIVER DR. OCEAN RIDGE FL 33435**



2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

1st MOORE CR2E003 (10/07)

City & State
Zip Country

4. FEI Number **20-8298229**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MARKOWITZ, CHELY
35 SPANISH RIVER DR.
OCEAN RIDGE FL 33435**

7. Name and Address of New Registered Agent
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, name or printed name of registered agent and state if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #	MARKOWITZ, ALAN	STREET ADDRESS	
NAME	35 SPANISH RIVER DR.	CITY-ST-ZIP	
STREET ADDRESS	OCEAN RIDGE FL 33435		
CITY-ST-ZIP			
DOCUMENT #	MARKOWITZ, CHELY	STREET ADDRESS	
NAME	35 SPANISH RIVER DR.	CITY-ST-ZIP	
STREET ADDRESS	OCEAN RIDGE FL 33435		
CITY-ST-ZIP			
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CITY-ST-ZIP			

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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: *Chele Markowitz* **chely markowitz** 4/1/08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: _____