

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 15 PM 3:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # A07000001266		
1. Entity Name JCI FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 4220 SAVANNAHS TRAIL MERRITT ISLAND, FL 32953	Mailing Address 4220 SAVANNAHS TRAIL MERRITT ISLAND, FL 32953
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address Post Office Box 911	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CAPE CANAVERAL, FL	
Zip	Country	Zip	Country
		32920-0911	USA

01062008 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LAW OFFICE OF MARK F. DAHLE, P.A. 5110 SOUTH FLORIDA AVENUE, STE 105 LAKELAND, FL 33813	

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 7 Jan 2008
Signature, typed or printed name of registered agent and title if applicable DATE

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L07000114846	STREET ADDRESS	
NAME	ARCTIC MANAGEMENT SERVICES, LLC	CITY-ST-ZIP	
STREET ADDRESS	4220 SAVANNAHS TRAIL		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
DOCUMENT #		STREET ADDRESS	700115858027
NAME		CITY-ST-ZIP	01/23/08--01012--009 **\$500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: 7 Jan 2008 321-484-6092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

STAPLE CHECK HERE