

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 OCT 10 PM 12:12

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A07482**

**J.D.M. INVESTMENTS, LTD.**



Mailing Address

% MR. & MRS. JACK GORDON  
1554 SWEETBAY CIRCLE  
PALM CITY FL 34990

Principal Office Address

% MR. & MRS. JACK GORDON  
1554 SWEETBAY CIRCLE  
PALM CITY FL 34990

3. Date Formed or Registered

05/10/1979

5a. Capital Contributions as  
Shown on record

\$39,000.00

3a. Date of Last Report

11/14/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date

SAME - \$39,000

4. State or Country of Formation

FL

6. FEI Number

59-2198383

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional  
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GORDON, JACK  
1554 SWEETBAY CIRCLE  
PALM CITY FL 34990

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, etc. **600001974556--5**  
City **-10/15/96--01163--007**  
**\*\*\*\*411.FL \*\*\*\*411.75**

10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

GORDON, JACK

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

1554 SWEETBAY CIRCLE

11b. City, State & Zip Code

PALM CITY FL 34990

11c. Registration/  
Document Number

*dcc*

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Jack Gordon*  
JACK GORDON

DATE

OCTOBER 3, 1996

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(561) 336-5581

CR2E003 (6/96)