

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED

07 SEP 10 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06152007 Chg-LP CR2E003 (12/06)

DOCUMENT # A08891 1. Entity Name JONES ASSOCIATES, LTD.					
Principal Place of Business C/O DAVID A. JONES 500 WEST MAIN STREET LOUISVILLE, KY 40202				Mailing Address C/O DAVID A. JONES 500 WEST MAIN STREET LOUISVILLE, KY 40202	
2. Principal Place of Business - No P.O. Box # 471 W. Main Street		3. Mailing Address 471 W. Main Street		4. FEI Number 65-0985988 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203			
City & State Louisville, KY		City & State Louisville, KY			
Zip 40202	Country USA	Zip 40202	Country USA		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; float: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	NAME		STREET ADDRESS	471 W. Main Street, Suite 203	
STREET ADDRESS	JONES, DAVID A.		CITY - ST - ZIP	Louisville, KY 40202	
CITY - ST - ZIP	35 POPLAR HILL RD. LOUISVILLE, KY		STREET ADDRESS	471 W. Main Street, Suite 203	
DOCUMENT #	NAME		CITY - ST - ZIP	Louisville, KY 40202	
STREET ADDRESS	JONES, BETTY		STREET ADDRESS	471 W. Main Street, Suite 203	
CITY - ST - ZIP	35 POPLAR HILL RD. LOUISVILLE, KY		CITY - ST - ZIP	Louisville, KY 40202	
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CITY - ST - ZIP			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: <i>x David A. Jones</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			8/31/07 502-584-3912 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE