2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A09000000234

Entity Name: JMA JOSEPHSON PARTNERSHIP LP

FILED Apr 05, 2011 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|---|---------------------------------------|-----------------------------|------------------------------------|---|--|
| | POINT LANE CH GARDENS | , FL 33410 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 737 SANDY POINT LANE PALM BEACH GARDENS, FL 33410 | | | P.O. BOX 499 SOLEBURY, PA 18963 | | |
| FEI Number: 2 | 26-4764642 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address of N | Name and Address of New Registered Agent: | |
| | ON, JANIS POINT LANE CH GARDENS | , FL 33410 US | | | |
| 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. | | | | | |
| SIGNATURE: | | | | | |
| | Electronic | Signature of Registered Age | ent | Date | |
| | | | | | |
| GENERAL PARTNER INFORMATION: | | | ADDRESS CHANGES C | ONLY: | |
| Document #: Name: | JOSEPHSON, JA | พเร | | | |

737 SANDY POINT LANE Address: Address: PALM BEACH GARDENS, FL 33410 US City-St-Zip: City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JANIS M. JOSEPHSON

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04/05/2011