

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A17306

1. Entity Name
JONES WALKER PALM GARDENS ASSOCIATES, LTD.



Principal Place of Business
**818 W BROOKS AVE
NORTH LAS VEGAS, NV 89030**

Mailing Address
**818 W BROOKS AVE
NORTH LAS VEGAS, NV 89030**



02102006 No Chg-LP

CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2312972

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUTNAM, PAULA
612 NW SECOND STREET
OCALA, FL 34475**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT #	BIRD, ALLAN S.
NAME	818 W BROOKS AVE
STREET ADDRESS	NORTH LAS VEGAS, NV 89030
CITY-ST-ZIP	
DOCUMENT #	P22683
NAME	MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.
STREET ADDRESS	818 W BROOKS AVE
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06 80049-016 508.75

**DO NOT WRITE
IN THIS SPACE**

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:

Paula Putnam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

February 28, 2006 702/315-5194

Date

Daytime Phone #

STAPLE CHECK HERE