


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A17306</b> 1. Entity Name <b>JONES WALKER PALM GARDENS ASSOCIATES, LTD.</b>					
Principal Place of Business <b>818 W BROOKS AVE NORTH LAS VEGAS NV 89030</b>			Mailing Address <b>818 W BROOKS AVE NORTH LAS VEGAS NV 89030</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2312972</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>PUTNAM, PAULA 612 NW SECOND STREET OCALA FL 34475</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900.*** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>BIRD, ALLAN S. 818 W BROOKS AVE NORTH LAS VEGAS NV 89030</b>		STREET ADDRESS CITY - ST - ZIP	[Blank]	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P22683 MYAL PARTNERSHIP MANAGEMENT SERVICES, INC. 818 W BROOKS AVE NORTH LAS VEGAS NV 89030</b>		STREET ADDRESS CITY - ST - ZIP	<b>700101852737 05/08/07--01040--009 **500.00</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		STREET ADDRESS CITY - ST - ZIP	[Blank]	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		STREET ADDRESS CITY - ST - ZIP	[Blank]	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		STREET ADDRESS CITY - ST - ZIP	[Blank]	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		STREET ADDRESS CITY - ST - ZIP	[Blank]	
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					
<b>SIGNATURE:</b> <i>Patricia M. Green</i> <b>PATRICIA M. GREEN, PRESIDENT OF MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.</b>			Date: <b>4/22/07</b> Daytime Phone #: <b>702-315-5194</b>		

**FILED**

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SECRETARY OF STATE



1st MOORE CR2E003 (10/06)

Applied For

Not Applicable

Additional Fee Required

**FL**

Zip Code

*[Handwritten signature]*

STAPLE CHECK HERE