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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



THE JAYMEE COMPANY LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A17395**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP 16 AM 9:51



| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 58. Capital Contributions as Shown on record. | |
|---|--|---|---|---|--|
| 211 E. SHERMAN AVE. | 211 E. SHERMAN AVE. DUBOIS PA 15801 | | 07/03/1984 | \$19,000.00 | |
| DUBOIS PA 15801 | | | 38. Date of Last Report | | |
| | | | 09/26/1995 | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 2. Mailing Address | 2a. Principal Office Address | | 4. State or Country of Formation | io date. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number | Applied For | |
| City & State | City & State | | 25-1292450 | Not Applicable | |
| Zip Country | Zip Country | | 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 | | 10. If changed, new Registered Agent/Office | | | |
| CT CORPORATION SYSTEM | | Name | | | |
| 1200 S. PINE ISLAND ROAD | Street Addre | | (P.O. Box Number Is Not Acceptable) | | |
| PLANTATION FL 33324 | Suite, Apt. #, etc. | | | | |
| | City | | FL Zip Code | | |
| 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) | | | | | |
| 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) | 11a. Address of Each General l | | City, State & Zip Code | 11c. Registration/ Document Number | |
| ROSENBERG, JOSEPH | 211 E. SHERMAN AVENU | JE D | UBOIS PA | CBOEDONG (RIGE) | |
| - | | | 300 -09/2 **** | 001953853 3/9601035005 271.75 ****271.75 | |
| | | | | 97/KWM | |
| 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 filling 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 emported to execute the report as required by chapter 620, Florida Statutes. | | | | | |
| SIGNATURE Suph They leave DATE 9-12-96 | | | | | |
| Typed or Printed Name of General Partner Signing Folkn 105511 TUSLINBIEW Daytime Telephone Number 8/4-583-5121 | | | | | |