


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A92000000253**  
 1. Entity Name  
**JUCFAM HOLDINGS, LTD.**



Principal Place of Business      Mailing Address  
**1919 RIDGE ROAD**                      **25802 PRAIRIESTONE DR**  
**NORTH PALM BEACH, FL 33408**      **LAGUNA HILLS, CA 92653**

**DO NOT WRITE IN THIS SPACE**



04132008 No Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
**65-0372338**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JUCENAS, BRONE M**  
**1919 RIDGE ROAD**  
**NORTH PALM BEACH, FL 33408**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable.

**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 #	P92000008923
NAME	JUCFAM ASSOCIATES, INC.
STREET ADDRESS	1919 RIDGE ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000515923  
 04/29/06-80231-001 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:** Leah V. Aron, Director      4/13/06      944-362-1472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #