


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

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # A93000000559			
1. Entity Name JMPM LIMITED PARTNERSHIP			
Principal Place of Business 941 S.W. 8TH STREET POMPAN0 BEACH FL 33069		Mailing Address 941 S.W. 8TH STREET POMPAN0 BEACH FL 33069	
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



1st MOORE CR2E003 (10/06)

4. FEI Number 65-0464554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURRAY, JOHN E 941 S.W. 8TH STREET POMPAN0 BEACH FL 33069	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	MURRAY, JOHN E	CITY ST ZIP	11000000628442
STREET ADDRESS	941 S.W. 8TH STREET		02/16/07-80015-022 500.00
CITY ST ZIP	POMPAN0 BEACH FL 33069		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
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NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			

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:

John E. Murray

1-18-07

954-782-0951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE