

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 23 AM 10:48



1. Name of Limited Partnership	1a. DOCUMENT # A94000000917
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THE JAMDA - S.L. LIMITED PARTNERSHIP

Mailing Address % DR. GEORGE G. LEVY 7171 N. UNIVERSITY DRIVE, SUITE 200 TAMARAC FL 33321		Principal Office Address % DR. GEORGE G. LEVY 7171 N. UNIVERSITY DRIVE, SUITE 200 TAMARAC FL 33321		3. Date Formed or Registered 07/07/1994	5a. Capital Contributions as Shown on record \$1,410,817.51
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/27/1995	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation FL	6. FFI Number 65-0505868
				7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	☐ Applied For ☐ Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent LEVY, GEORGE G DR 7171 N. UNIVERSITY DRIVE, SUITE 200 TAMARAC FL 33321	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) _____

DATE _____

**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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LEVY, GEORGE G DR	7171 N. UNIVERSITY DR	TAMARAC FL 33321	
			6000019162226 -10/02/96 - 01009 - 003 ****576.25 ****576.25

Not a General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE **9/16/96**

Typed or Printed Name of General Partner Signing Form **GEORGE G. LEVY**

Daytime Telephone Number _____

CP2E003 (6/96)