

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000917 1. Entity Name THE JAMDA - S.L LIMITED PARTNERSHIP					
Principal Place of Business 1725 UNIVERSITY DRIVE, #350 CORAL SPRINGS, FL 33071			Mailing Address 1725 UNIVERSITY DRIVE, #350 CORAL SPRINGS, FL 33071		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0505868	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEVY, GEORGE G DR 1725 UNIVERSITY DRIVE SUITE 350 CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 registrant agent and date if applicable.					
9. Capital Contributions as Shown on record. \$1,410,817.51			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
NAME	LEVY, GEORGE G DR		CITY - ST - ZIP		
STREET ADDRESS	1725 UNIVERSITY DRIVE, SUITE 350		CITY - ST - ZIP		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY - ST - ZIP		
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STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date _____ Daytime Phone # _____		



01242005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0505868 Applied For Not Applicable

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

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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STAPLE CHECK HERE

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

George Levy
 4/16/05 954 341 1171
 Date Daytime Phone #