

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:41

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 - No P.O. Box #

9750 NW 33rd St

3. Mailing Address

9750 NW 33rd St

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

04282008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 65-0505868

Applied For  
 Not Applicable

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

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)

9750 NW 33rd Street

Suite 107

City Coral Springs

FL

Zip Code

33065

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

4/29/08

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #  
 NAME LEVY, GEORGE G DR  
 STREET ADDRESS 1725 UNIVERSITY DRIVE, SUITE 350  
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

13. ADDRESS CHANGES ONLY

STREET ADDRESS 9750 NW 33rd St, Suite 107  
 CITY-ST-ZIP Coral Springs, FL 33065

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

General Partner 4/29/08 954-341-1171  
 Date Daytime Phone #

STAPLE CHECK HERE