


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000926

1. Entity Name
JAL MEDICAL MANAGEMENT, LTD.



Principal Place of Business Mailing Address
100 NW 170TH ST, SUITE 302 **100 NW 170TH ST, SUITE 302**
NO. MIAMI BEACH, FL 33169 **NO. MIAMI BEACH, FL 33169**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04022004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0503039 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

KRAMER, ROBERT M Name
C/O KRAMER, GREEN & ZUCKERMAN, P.A. Street Address (P.O. Box Number is Not Acceptable)
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD, FL 33021 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 registered agent and title if applicable

9. Capital Contributions as Shown on record \$990.00 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 #		STREET ADDRESS	
NAME	LUSTGARTEN, GARY J	CITY-ST-ZIP	
STREET ADDRESS	100 N.W. 170TH STREET, SUITE 302		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STAPLE CHECK HERE

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]* Date: **4/23/04** Daytime Phone #: **305 653 5155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #