


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000000926	
1. Entity Name JAL MEDICAL MANAGEMENT, LTD	

Principal Place of Business 100 NW 170TH ST, SUITE 302 NO. MIAMI BEACH, FL 33169	Mailing Address 100 NW 170TH ST, SUITE 302 NO. MIAMI BEACH, FL 33169
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04252006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0503039	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

**KRAMER, ROBERT M
C/O KRAMER, GREEN & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD. SUITE 485 SO.
HOLLYWOOD, FL 33021**

DO NOT WRITE IN THIS SPACE

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 date if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 STREET ADDRESS CITY-ST-ZIP	LUSTGARTEN, GARY J 100 N.W. 170TH STREET, SUITE 302 NORTH MIAMI BEACH, FL 33169
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05/15/06-80091-024 500.00

STAPLE CHECK HERE

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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]* Date: **4/26/06** Daytime Phone #: **305.653.5155**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER