

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 23, 2007 08:00 A
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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0503039			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KRAMER, ROBERT M C/O KRAMER, GREEN & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD, FL 33021			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: 4/28/07	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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			13. ADDRESS CHANGES ONLY				
DOCUMENT #	NAME		STREET ADDRESS				
	LUSTGARTEN, GARY J						
	STREET ADDRESS		CITY - ST - ZIP				
	100 N.W. 170TH STREET, SUITE 302						
	CITY - ST - ZIP						
	NORTH MIAMI BEACH, FL 33169						
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	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: 			Date: 4/28/07		Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #		



04202007 Chg-LP CR2E003 (12/06)

4/28/07

STAPLE CHECK HERE