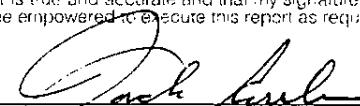


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000001779					
1. Entity Name JACK AND BEVERLY CIRCLE FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3000 S. OCEAN BLVD., APT 1406 BOCA RATON FL 33432		Mailing Address 3000 S. OCEAN BLVD., APT 1406 BOCA RATON FL 33432			
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 65-0551873	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIRCLE, JACK 3000 S. OCEAN BLVD., APT 1406 BOCA RATON FL 33432				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 _____ (Signature, typed or printed name of registered agent and, if not familiar with, and accept the obligations of registered agent, name of preparer)					
FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.					
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	CIRCLE, JACK		CITY- ST- ZIP	000000007556 05/05/08-80043-003 500.00	
STREET ADDRESS	3000 S. OCEAN BLVD., APT 1406				
CITY- ST- ZIP	BOCA RATON FL 33432				
DOCUMENT #			STREET ADDRESS		
NAME	CIRCLE, BEVERLY		CITY- ST- ZIP		
STREET ADDRESS	3000 S. OCEAN BLVD., APT 1406				
CITY- ST- ZIP	BOCA RATON FL 33432				
DOCUMENT #			STREET ADDRESS		
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NAME			CITY- ST- ZIP		
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: 			Date: 4-14-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE