


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -8 AM 10:06
PLEASE NOTE IN BOARD RES. 1.0

DOCUMENT # A95000000212					
1. Entity Name J&S OF BRANDON LLLP					
Principal Place of Business 13403 BOYETTE RD RIVERVIEW, FL 33569			Mailing Address 13403 BOYETTE RD RIVERVIEW, FL 33569		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <u>65-0562827</u> 59-3348760	
Zip	Country	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		
WARTMAN, JEFFREY D 13403 BOYETTE RD RIVERVIEW, FL 33569			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: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$20,000.00			10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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	500060124755 18-713700327019-201002-002 **228.75	
STREET ADDRESS	WARTMAN, JEFFREY D		CITY-ST-ZIP	500060124755 10/03/05--01002--002 **228.75	
CITY-ST-ZIP	3805 SOUTH NINE DRIVE VALRICO, FL 33594				
DOCUMENT #	NAME		STREET ADDRESS	2541 MASON OAKS DRIVE	
STREET ADDRESS	KWAN, MYRON L		CITY-ST-ZIP	VALRICO, FL. 33594	
CITY-ST-ZIP	3805 SOUTH NINE DRIVE VALRICO, FL 33594				
DOCUMENT #	NAME		STREET ADDRESS	17912 BURNT OAK LANE	
STREET ADDRESS	COLLERAN, MARGARET A		CITY-ST-ZIP	LITHIA, FL. 33547	
CITY-ST-ZIP	3805 SOUTH NINE DRIVE VALRICO, FL 33594				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>J. Wartman</u>			Date: <u>9-2-05</u>		Daytime Phone #: <u>(813) 654-1775</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE