.- 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Mar 20, 2006 08:00 AM **Secretary of State** DOCUMENT #A95000000212 J&S OF BRANDON LLLP Principal Place of Business Mailing Address 13403 BOYETTE RD RIVERVIEW, FL 33569 13403 BOYETTE RD RIVERVIEW, FL 33569 01132006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Far 65-0562827 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARTMAN, JEFFREY D DO NOT WRITE 13403 BOYETTE RD RIVERVIEW, FL 33569 IN THIS SPACE 8. The above named entity submits this statement tor the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title 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 # MAME WARTMAN, JEFFREY D STREET ADDRESS 3805 SOUTH NINE DRIVE U00000475949 VALRICO, FL 33594 CHY-ST-ZIP 04/05/06-80037-008 500.00 COCCUMENT KWAN, MYRON L NAME STREET ADDRESS 2541 MASON OAKS DRIVE CITY-ST-ZIP VALRICO, FL 33594 DOCUMENT F COLLERAN, MARGARET A DO NOT WRITE STREET ADDRESS 17912 BURNT OAK LANE CITY-ST-ZIP LITHIA, FL 33547 IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not quality 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:

DOCUMENT #

DOCHMENT # NAME STREET ADDRESS CCTY-ST-Z02

CHECK NAME STREET ADDRESS CITY-ST-ZIP

щ

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

FILED