


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A9500000212	
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
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DO NOT WRITE IN THIS SPACE



03202007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0562827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARTMAN, JEFFREY D
 13403 BOYETTE RD
 RIVERVIEW, FL 33569

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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 title if applicable

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WARTMAN, JEFFREY D 3805 SOUTH NINE DRIVE VALRICO, FL 33594
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KWAN, MYRON L 2541 MASON OAKS DRIVE VALRICO, FL 33594
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	COLLERAN, MARGARET A 17912 BURNT OAK LANE LITHIA, FL 33547
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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04/10/07-80052-012 500.00

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STAPLE CHECK HERE

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: J. Wartman JEFFREY D. WARTMAN, MD 3-27-07 (813)654-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #