2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # A95000000212

1. Entity Name
J&S OF BRANDON LLLP

Principal Place of Business	Mailing Address
13403 BOYETTE RD RIVERVIEW, FL 33569	13403 BOYETTE RD RIVERVIEW, FL 33569

03172008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0562827
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARTMAN, JEFFREY D
13403 BOYETTE RD
RIVERVIEW, FL 33569

DO NOT WRITE IN THIS SPACE

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, 2008, Fee will be $900.00

U00000873581
04/10/08-80072-021 500.00

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

DO NOT WRITE IN THIS SPACE

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 MD J. WARTMAN, MD 3-25-08 (813) 654-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #