## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## DOCÚMENT # A95000000632

1. Entity Name

J.B. DEERWOOD, LTD.



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131 Mailing Address

501 BRICKELL KEY DRIVE, SUITE 103

MIAMI, FL 33131



סמ	NOT	WRIT	TE IN	<b>THIS</b>	SPA	<b>ACE</b>
					<b>U</b> 1	

03212007 No Chg-LP CR2E0

CR2E003 (12/06)

4. FEI Number 65-0578575

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

J.B.E., INC. 501 BRICKELL KEY DRIVE SUITE 103 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of chargest and the p	anging 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 title if applicable.		DATE

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.

GENERAL PARTNER INFORMATION 12. G57136 DOCUMENT # NAME J.B.E., INC. STREET ADDRESS 501 BRICKELL KEY DRIVE STE 103 CITY-ST-ZIP MIAMI, FL 33131 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # ,NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

U00000727236 05/04/07-80039-013,500.00

## DO NOT WRITE IN THIS SPACE

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:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NA

LICENSON DADTHED

4/2007

Daytime Phone #