

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 JAN -2 PM 3:22



1. Name of Limited Partnership

1a. DOCUMENT #  
A95000001210

JMC PARTNERS, LTD.

Mailing Address

Principal Office Address

~~1800 GLADES ROAD, SUITE 400~~  
BOCA RATON FL 33431

~~1800 GLADES ROAD, SUITE 400~~  
BOCA RATON FL 33431

3. Date Formed or Registered

08/14/1995

5a. Capital Contributions as  
Shown on record.

\$297,000.00

3a. Date of Last Report

12/31/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date.

297,000.00

4. State or Country of Formation

FL

6. FEI Number

65-0608881

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2300 GLADES ROAD

Suite, Apt. #, etc.

SUITE 100E

City & State

BOCA RATON, FL

Zip

33431

Country

USA

2a. Principal Office Address

2300 GLADES ROAD

Suite, Apt. #, etc.

SUITE 100E

City & State

BOCA RATON, FL

Zip

33431

Country

USA

9. Name and Address of Current Registered Agent

GREENFIELD, WILLIAM

~~1800 GLADES ROAD, SUITE 400~~

BOCA RATON FL 33431

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

2300 GLADES ROAD

Suite, Apt. #, etc.

SUITE 100E

City

BOCA RATON, FL

FL

Zip Code

33431

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

JMC EQUITY CORP.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

~~1800 GLADES ROAD, SUITE 400~~  
2300 GLADES ROAD  
SUITE 100E

11b. City, State & Zip Code

BOCA RATON FL 33431

11c. Registration/  
Document Number

P95000062508

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-01/15/98--01044--015  
\*\*\*541.25 \*\*\*541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Pres of GP  
William R Greenfield

DATE 12/31/97

Daytime Telephone Number (561) 392-6062

CR2E003 (6/97)