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

## DOCUMENT # A95000001718

1. Entity Name

J & J MOXON PARTNERSHIP, LTD.



FILED
Mar 22, 2006 08:00 A
Secretary of State

Principal Place of Business

377 N.W. 14TH STREET OCALA, FL 34475

Mailing Address P.O. BOX 1389 OCALA, FL 34478



DO NOT WRITE IN THIS SPACE

01252006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3355225

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOXON, HENRY J 377 N.W. 14TH STREET OCALA, FL 34475

## DO NOT WRITE IN THIS SPACE

OCALA, F	L 34475	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its reg tions of registered agent.	l pistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	U00000476577
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  form; an amendment must be filed to change a general partner.
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION  234381  G & M CATTLE COMPANY  377 N.W. 14TH STREET  OCALA, FL 34475	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CONLY, L 34473	
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		DO NOT WRITE
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		·

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

~		
SiG	RIA	 <i></i>

STAPLE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HENRY J.C. MOKOG

3/21/06 352/732-23

Daytime Phone #