


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

|   |                               |                     |   |  |  |
|---|-------------------------------|---------------------|---|--|--|
| <b>DOCUMENT # A95000001831</b><br>1. Entity Name<br>JM FAMILY ASSOCIATES, LTD.  |                               |                     |   |         |  |
| Principal Place of Business<br>707 S. WASHINGTON BLVD.<br>SARASOTA, FL 34236  |                               |                     | Mailing Address<br>788 DR MLK BLVD W<br>SEFFNER, FL 33584 |  |  |
| 2. Principal Place of Business  |                               | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                               | Suite, Apt. #, etc. |   |  |  |
| City & State  |                               | City & State        |   | 4. FEI Number<br>59-3350238  |  |
| Zip   |                               | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                               |                     |   | 7. Name and Address of New Registered Agent  |  |
| TOSCH, JOHN<br>707 S. WASHINGTON BLVD.<br>SARASOTA, FL 34236  |                               |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                       |  |
| 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. |                               |                     |   | FL Zip Code  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                               |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2006, Fee will be \$900.00</b>  |                               |                     |   |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                               |                     |   |  |  |
| 12. GENERAL PARTNER INFORMATION   |                               |                     | 13. ADDRESS CHANGES ONLY                                  |  |  |
| DOCUMENT #  | P950000090278                 |                     | STREET ADDRESS  |  |  |
| NAME  | CUDNOHUFsky ENTERPRISES, INC. |                     | CITY-ST-ZIP   |  |  |
| STREET ADDRESS  | 788 MLK BLVD. W.              |                     |   |  |  |
| CITY-ST-ZIP   | SEFFNER, FL 33584             |                     |   |  |  |
| DOCUMENT #  |                               |                     | STREET ADDRESS  |  |  |
| NAME  |                               |                     | CITY-ST-ZIP   |  |  |
| STREET ADDRESS  |                               |                     |   |  |  |
| CITY-ST-ZIP   |                               |                     |   |  |  |
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| CITY-ST-ZIP   |                               |                     |   |  |  |
| DOCUMENT #  |                               |                     | STREET ADDRESS  |  |  |
| NAME  |                               |                     | CITY-ST-ZIP   |  |  |
| STREET ADDRESS  |                               |                     |   |  |  |
| CITY-ST-ZIP   |                               |                     |   |  |  |

STAPLE CHECK HERE

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 05/20/06-80016-017 500.00

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: *Sandra JC Buchanan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/06 813.643.2904  
 Date Daytime Phone #