## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

## Mar 08, 2005 08:00 AM Secretary of State DOCUMENT # A96000000386 1. Entity Name JANCLARK, LTD. Principal Place of Business Mailing Address 321 INDIAN HARBOR RD. VERO BEACH FL 32963 321 INDIAN HARBOR RD. VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 65-0646729 Not Applicable Zip Zīρ Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAUGHERTY, ALFRED C 321 INDIAN HARBOR ROAD Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 Zip Code 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. TT. FILE NOW!!! Due by May 1, 2005, See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$644,085.57 as Shown on record. in FLORIDA to date. **644 085.57** 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 ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME DAUGHERTY, ALFRED C STREET ADDRESS 321 INDIAN HARBOR ROAD CITY-ST-ZIP U00000255378 CITY-ST-ZIP VERO BEACH FL 32963 03/08/05-80012-002-526.25 DOCUMENT # STREET ADDRESS NAME DAUGHERTY, JANET E STREET ADDRESS 321 INDIAN HARBOR ROAD CITY-SL-ZIP CITY-ST-78 VERO BEACH FL 32963 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CATY-ST-ZIP DOCUMENT # SURFET ADDRESS NAME STREET ADDREAS CHY-SI-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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

RAL PARTNER

**FILED** 

Daytime Phone #