
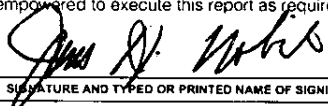


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # A96000001932			
1. Entity Name JSC FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 5735 N.W. 40TH WAY BOCA RATON, FL 33496		Mailing Address 1001 NW 62ND ST. #320 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box # 2335 FEDERAL HWY Suite, Apt. #, etc. 510		3. Mailing Address Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33432	Country USA	Zip	Country
4. FEI Number 65-6233429		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JSC FAMILY CORP. 1001 NW 62ND ST #320 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.			
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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P96000085939 JSC FAMILY CORP. 1001 N.W. 62ND ST., #320 FORT LAUDERDALE, FL 33309	STREET ADDRESS CITY - ST - ZIP	
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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: 		2/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE