
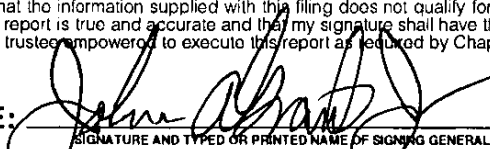


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000000032					
1. Entity Name JOHN A. GRANT, JR. LIMITED PARTNERSHIP					
Principal Place of Business 3333 N. FEDERAL HIGHWAY, NO. 3 BOCA RATON FL 33431			Mailing Address 3333 N. FEDERAL HIGHWAY, NO. 3 BOCA RATON FL 33431		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0719225	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, JOHN A JR. 3333 N. FEDERAL HIGHWAY BOCA RATON FL 33431				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	P02000016429		STREET ADDRESS		
NAME	SURF & TURF ENTERPRISES, INC. II		CITY - ST - ZIP		
STREET ADDRESS	3333 NORTH FEDERAL HIGHWAY, SUITE 3				
CITY - ST - ZIP	BOCA RATON FL 33431			U000000634381	
DOCUMENT #			STREET ADDRESS	02/22/07-80008-001 508.75	
NAME			CITY - ST - ZIP		
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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.					
SIGNATURE: 			John A. Grant, Jr. 2-7-07 561-395-3333		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE