

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 24 PM 3:41

DOCUMENT # A97000000750

1. Entity Name
JENRAY LIMITED



Principal Place of Business
10714 CARROLL LAKE DRIVE
TAMPA, FL 33618

Mailing Address
10714 CARROLL LAKE DRIVE
TAMPA, FL 33618



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

59-3434644

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, JAMES P ESQUIRE
HINES & ASSOCIATES, P.A.
315 S. HYDE PARK AVENUE
TAMPA, FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$900.00

On or after September 6, 2006, Fee will be \$1000.00

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

STREET ADDRESS
CITY - ST - ZIP

200077898762
07/24/06--01003--007 **952.50

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

ROYSTER, JEANNETTE M TRUSTEE
10714 CARROLL LAKE DRIVE
TAMPA, FL 33618

STREET ADDRESS
CITY - ST - ZIP

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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 820, Florida Statutes

SIGNATURE:

Jeannette M. Royster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-17-06

Date

Daytime Phone #

#900-AR

7/25

813-935-0391

STAPLE CHECK HERE