



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 28 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000968					
1. Entity Name JCE FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 504 1/2 N. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168			Mailing Address 504 1/2 N. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business 506 N Riverside Dr Suite, Apt. #, etc.			3. Mailing Address PO Box 1685 Suite, Apt. #, etc.		
City & State			City & State New Smyrna Beach, FL		
Zip		Country	Zip		Country
32170-1685			32170-1685		
4. FEI Number 52-2040503			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			7. Name and Address of New Registered Agent		
EVANS, JERRY C 504 N. RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168			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>					
9. Capital Contributions as Shown on record. \$10,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	EVANS, JERRY C		STREET ADDRESS		
NAME	P.O. BOX 1685		CITY-ST-ZIP		
STREET ADDRESS	NEW SMYRNA BEACH, FL 321701685				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby 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					
SIGNATURE: 			Jerry C. Evans		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 04/28/2005 86-423-8884		

STAPLE CHECK HERE



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