


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
 2007 APR . 9 AM 10: 03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A97000001059** *LTD.*

1. Entity Name  
 JANE KLUCZKOWSKI FAMILY INVESTMENT CO., ~~LLP~~



Principal Place of Business  
 495 E ALEXANDER PALM RD  
 BOCA RATON, FL 33432

Mailing Address  
 495 E ALEXANDER PALM RD  
 BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country



03132007 Chg-LP CR2E003 (12/06)

4. FEI Number  
 65-0752079

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KLUCZKOWSKI, JANE  
 495 E ALEXANDER PALM RD  
 BOCA RATON, FL 33432

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 #                      | KLUCZKOWSKI, JANE O     | STREET ADDRESS           | 800097227058                  |
| NAME                            | 495 E ALEXANDER PALM RD | CITY-ST-ZIP              | 04/17/07--01045--002 **500.00 |
| STREET ADDRESS                  | BOCA RATON, FL 33432    |                          |                               |
| CITY-ST-ZIP                     |                         |                          |                               |
| DOCUMENT #                      |                         | STREET ADDRESS           |                               |
| NAME                            |                         | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                         |                          |                               |
| CITY-ST-ZIP                     |                         |                          |                               |
| DOCUMENT #                      |                         | STREET ADDRESS           |                               |
| NAME                            |                         | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                         |                          |                               |
| CITY-ST-ZIP                     |                         |                          |                               |
| DOCUMENT #                      |                         | STREET ADDRESS           |                               |
| NAME                            |                         | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                         |                          |                               |
| CITY-ST-ZIP                     |                         |                          |                               |
| DOCUMENT #                      |                         | STREET ADDRESS           |                               |
| 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/07

Date

Daytime Phone #

561-368-7414

STAPLE CHECK HERE