

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 12 AM 9:28

DOCUMENT #A97000001368 1. Entity Name MCBRUCE PROPERTIES, LTD.					
Principal Place of Business 3902 BURNS ROAD, #18 PALM BEACH GARDENS, FL 33410			Mailing Address 3902 BURNS ROAD, #18 PALM BEACH GARDENS, FL 33410		
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		Country		4. FEI Number 65-0794362	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCARTHY, JAMES P 3902 BURNS RD. PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name <u>MCCARTHY, JAMES P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3902 BURNS ROAD</u> <u>SUITE # 18</u> City <u>PALM BEACH GARDENS FL</u> Zip Code <u>33410</u>	
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 \$500.00 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 # P95000056913 NAME J. S. & S. INVESTMENTS, INC. STREET ADDRESS 3902 BURNS ROAD CITY-ST-ZIP PALM BEACH GARDENS, FL 33410			STREET ADDRESS <u>3902 BURNS ROAD SUITE # 18</u> CITY-ST-ZIP <u>PALM BEACH GARDENS, FL 33410</u>		
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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: <u>[Signature]</u> <u>Pres. JSES Inv.</u> <u>1-30-07</u> <u>561</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small> <u>252-6080</u> <small>Daytime Phone #</small>					

STAPLE CHECK HERE