2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A97000002151

1. Entity Name

JC REAL ESTATE HOLDINGS, LTD.

FILED

08 FEB 19 PM 4:02

Principal Place of Business	Mailing Address
1221 N. VENETIAN WAY MIAMI FL 33139	1221 N. VENETIAN WAY MIAMI FL 33139

2. Principal Place of Business - No P.O. Box #: 17425 S.W. 172 ST
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33187 Country: U.S.

3. Mailing Address: P.O. Box 770190
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33177 Country: U.S.

1st MOORE CR2E003 (10/07)

4. FEI Number: 65-0826004 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

COCINA, ILEANA
1221 N. VENETIAN WAY
MIAMI FL 33139

7. **Name and Address of New Registered Agent**

Name: ILEANA COCINA
Street Address (P.O. Box Number is Not Acceptable): 17425 S.W. 172ND ST.
City: MIAMI FL Zip Code: 33187

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: X Ileana Cocina
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, 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 #	P97000082731	STREET ADDRESS	200118556062
NAME	N & L MANAGEMENT, INC.		
STREET ADDRESS	1221 N. VENETIAN WAY	CITY-ST-ZIP	02/21/08--01038--012 **500.00
CITY-ST-ZIP	MIAMI FL 33139		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: X [signature] 1/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #