## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

## Mar 01, 2005 08:00 AM **DOCUMENT # A97000002155** Secretary of State 1. Entity Name JVV INVESTMENT, LTD. Principal Place of Business Mailing Address 110 E. REYNOLDS STREET, SUITE 700 P.O. BOX HH PLANT CITY, FL 33566 PLANT CITY, FL 33564 2. Principal Place of Business 2. Mailing Address Suite, Apt #, etc. Suite. Apt. #, etc. 01212005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For Not Applicable 59-3474690 Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERNER, JOHN V JR. Street Address (P.O. Box Number is Not Acceptable) 110 E. REYNOLDS STREET, SUITE 700 PLANT CITY, FL 33566 City ZID Code 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ege SIGNATURE Square, you DATE 9. Capital Contributions 10. Amount of Capital Contributions **\$**100.000.00 in FLORIDA to date. as Shown on record. 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. 13. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT / P97000081407 STREET ADDRESS NAME JVV MANAGEMENT, INC. STREET ADDRESS 110 E. REYNOLDS STREET, SUITE 700 CATY-ST-ZP CATY-51-20 PLANT CITY, FL 33566 DOCUMENT # STREET ADDRESS NAUF <del>--- 000000247719</del> 03/01/05-80034-024 526.25 STREET ADDRESS CITY-SI-AP CTY-51-29 DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-7/P CATY-ST-ZIP OCCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CTTY-51-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT # STREET ADDRESS NALE STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 logal effect as if made under oats; 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.

PRINTED HAME OF SIGNING GENERAL PARTNER

2/21/03

Doylyne Phone #

FILED