2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Feb 26, 2007 08:00 A Secretary of State **DOCUMENT # A97000002155** 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 33564 PLANT CITY, FL 33566 02062007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3474690 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired П Name and Address of Current Registered Agent VERNER, JOHN V JR. DO NOT WRITE 110 E. REYNOLDS STREET, SUITE 700 PLANT CITY, FL 33566 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable DATE 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 DOCUMENT # P97000081407 JVV MANAGEMENT, INC. STREET ADDRESS 110 E. REYNOLDS STREET, SUITE 700 CITY-ST-ZIP PLANT CITY, FL 33568 DOCUMENT # // 1000000649535 03/07/07-80059-006\500:00 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIF

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:

CHECK HERE

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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #