

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002471**

1. Entity Name  
**JUSTICE INVESTMENT ASSOCIATES, LTD.**



Principal Place of Business  
**155 S. MIAMI AVE., SUITE PH-2A  
MIAMI, FL 33130**

Mailing Address  
**155 S. MIAMI AVE., SUITE PH-2A  
MIAMI, FL 33130**



04252006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0797684**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

000000542032  
05/10/06-800883-002 500.00

**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 # **P97000080368**  
NAME **PANTHER JUSTICE, INC.**  
STREET ADDRESS **155 S. MIAMI AVE., SUITE PH-2A**  
CITY-ST-ZIP **MIAMI, FL 33130**

DOCUMENT # **M04000003612**  
NAME **WB 155 JUSTICE GP, LLC**  
STREET ADDRESS **P.O. BOX 1908**  
CITY-ST-ZIP **HOBE SOUND, FL 33475**

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4-16-06 305-374-7075**