


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

500.00

FILED

2006 JUL -6 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000696					
1. Entity Name BETJIM, LTD.					
Principal Place of Business 6377 HEARTLAND CIRCLE TALLAHASSEE, FL 32312			Mailing Address 6377 HEARTLAND CIRCLE TALLAHASSEE, FL 32312		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent ATKINS, JAMES S PRES. 6377 HEARTLAND CIRCLE TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Due by September 6, 2006				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	P98000024250		STREET ADDRESS		
NAME	BETJIM, INC.		CITY-ST-ZIP		
STREET ADDRESS	6377 HEARTLAND CIRCLE				
CITY-ST-ZIP	TALLAHASSEE, FL 32312				
DOCUMENT #			STREET ADDRESS	100077529661	
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CITY-ST-ZIP					
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: <i>James S. Atkins</i>			7/6/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE