


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

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001252</b> 1. Entity Name <b>JAGS OF SARASOTA, LTD.</b>	
---	---

Principal Place of Business <b>1 SOUTH SCHOOL AVE., STE. #1000 SARASOTA, FL 34237</b>	Mailing Address <b>1 SOUTH SCHOOL AVE., STE. #1000 SARASOTA, FL 34237</b>
--	--



01102006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0835935</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

<b>MATZKIN, STEVEN R 1 SOUTH SCHOOL AVE., STE. #1000 SARASOTA, FL 34237-6046</b>
--

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P98000044861 JAGS-AIR, INC. 1 SOUTH SCHOOL AVE., STE. #1000 SARASOTA, FL 342376046</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MATZKIN, STEVEN DR 1 SOUTH SCHOOL AVE., STE. #1000 SARASOTA, FL 34237</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>VICK, MAURICE DR 1067 WESTWAY DRIVE SARASOTA, FL 34236</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U00000428342  
02/21/06-80040-014 500.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

STAPLE CHECK HERE