

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # A98000001252

1. Entity Name
JAGS OF SARASOTA, LTD.



Principal Place of Business
**1 SOUTH SCHOOL AVE., STE. #1000
SARASOTA, FL 34237**

Mailing Address
**1 SOUTH SCHOOL AVE., STE. #1000
SARASOTA, FL 34237**



01212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0835935

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATZKIN, STEVEN R
1 SOUTH SCHOOL AVE., STE. #1000
SARASOTA, FL 34237-6046**

**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

U00000851734
03/25/08-20052-013 500.00

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # **P98000044861**
NAME **JAGS-AIR, INC.**
STREET ADDRESS **1 SOUTH SCHOOL AVE., STE. #1000**
CITY-ST-ZIP **SARASOTA, FL 342376046**

DOCUMENT #
NAME **MATZKIN, STEVEN DR**
STREET ADDRESS **1 SOUTH SCHOOL AVE., STE. #1000**
CITY-ST-ZIP **SARASOTA, FL 34237**

DOCUMENT #
NAME **VICK, MAURICE DR**
STREET ADDRESS **1067 WESTWAY DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**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