2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000001999

1. Entity Name
JACK'S SHOPPING CENTER, LTD.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

5446 NORTH BAY ROAD MIAMI BEACH, FL 33140 Mailing Address P.O. BOX 402097 MIAMI BEACH, FL 33140-2097



04232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0859759 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLOTTMANN, JACK 5446 NORTH BAY ROAD MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SDACE

		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, 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 # NAME STREET ADDRESS CITY-SI-ZIP	P98000074456 JACK'S SHOPPING CENTER & PLAZA LINDA I COR PO BOX 402097 MIAMI BEACH, FL 33140	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH, FL 33140	U00000739382 05/14/07-80025-005 500.00
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP		
DOCUMENT /		

14. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER