

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002847

1. Entity Name
JSML MURPHY LIMITED PARTNERSHIP



Principal Place of Business
**165 LESLIE LANE
LAKE MARY, FL 32746**

Mailing Address
**165 LESLIE LANE
LAKE MARY, FL 32746**



02202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3547988

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MURPHY, JAMES B
165 LESLIE LANE
LAKE MARY, FL 32746**

**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**

U00000453350
03/14/06-80016-007 500.00

**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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MURPHY, JAMES B
165 LESLIE LANE
LAKE MARY, FL 32746**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MURPHY, JOAN T
165 LESLIE LANE
LAKE MARY, FL 32746**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

J. BRANNEN MURPHY 2-28-06 407-331-0227

Date

Daytime Phone #

STAPLE CHECK HERE