

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:47

<b>DOCUMENT # A99000000805</b> 1. Entity Name JANWILL GROUP, LTD.					
Principal Place of Business 16870 SILVER OAK CIRCLE DELRAY BEACH, FL 33445			Mailing Address 16870 SILVER OAK CIRCLE DELRAY BEACH, FL 33445		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 2300 Glades Road Suite 400 E City & State Boca Raton, FL			
City & State		Zip		Country	
City & State Boca Raton, FL		Zip 33431		Country USA	
4. FEI Number 65-0923715				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MILLER & O'NEILL, P.L. 2300 GLADES ROAD, SUITE 400 EAST BOCA RATON, FL 33431			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>					
9. Capital Contributions as Shown on record. \$2,500,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # P99000045830 NAME JANWILL, INC. STREET ADDRESS 16870 SILVER OAK CIRCLE CITY-ST-ZIP DELRAY BEACH, FL 33445			STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			3-18-05 561-499-7223		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



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