

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000956
1. Entity Name
J.A.S.F. LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
4424 WEST BAY COURT AVENUE **4424 WEST BAY COURT AVENUE**
TAMPA FL 33611 **TAMPA FL 33611**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent
FINAN, JOSEPH A
4424 WEST BAY COURT AVENUE
TAMPA FL 33611

4. FEI Number Applied For
59-3586009 Not Applicable
6. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000048679	STREET ADDRESS	
NAME	J.A.S.F, INC.	CITY-ST-ZIP	
STREET ADDRESS	4424 WEST BAY COURT AVENUE		
CITY-ST-ZIP	TAMPA FL 33611		
DOCUMENT #		STREET ADDRESS	000000443325
NAME		CITY-ST-ZIP	03/06/06-80001-025 500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Joseph A Finan* **Joseph A. FINAN** 02-19-2006 813.884-0883

STAPLE CHECK HERE