


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Jan 28, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # A99000000956</b> 1. Entity Name J.A.S.F. LIMITED PARTNERSHIP	
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Principal Place of Business 4424 WEST BAY COURT AVENUE TAMPA, FL 33611	Mailing Address 4424 WEST BAY COURT AVENUE TAMPA, FL 33611
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**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3586009	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  FINAN, JOSEPH A 4424 WEST BAY COURT AVENUE TAMPA, FL 33611
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000048679 J.A.S.F. INC. 4424 WEST BAY COURT AVENUE TAMPA, FL 33611
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U00000800788  
01/31/08-80031-006 500.00

**DO NOT WRITE  
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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

<b>SIGNATURE</b> <i>Joseph A. Finan</i> Joseph A. FINAN	01-25-08/813 244 7814
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

STAPLE CHECK HERE