


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -7 AM 10:16

DOCUMENT # A99000001309	
1. Entity Name JONATHAN D. LEWIS LIMITED PARTNERSHIP	

Principal Place of Business 4649 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES, FL 33146	Mailing Address 4649 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES, FL 33146
--	--

2. Principal Place of Business - No P.O. Box # 3595 Anchorage Way Suite, Apt. #, etc.	3. Mailing Address 3595 Anchorage Way Suite, Apt. #, etc.
---	---

City & State Coconut Grove FL	City & State Coconut Grove FL
----------------------------------	----------------------------------

Zip 33133	Country USA	Zip 33133	Country USA
--------------	----------------	--------------	----------------



01052007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0940557		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NOSTRO, LOUIS 728 CATALONIA AVENUE CORAL GABLES, FL 33134		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 \$500.00
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LEWIS, JONATHAN D 4649 PONCE DE LEON BLVD., #304 CORAL GABLES, FL 33146	STREET ADDRESS CITY - ST - ZIP	3595 Anchorage Way Coconut Grove, FL 33133
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	500087972896 02/09/07--01045--008 **500/00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS 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: Jonathan D. Lewis 01/23/07 305 669 8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE