## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A99000001627

1. Entity Name R. JONES FAMILY LIMITED PARTNERSHIP



Principal Place of Business

4952 SAN PABLO COURT NAPLES, FL 34109

Mailing Address

**JONES & CWALINA** 401 WOOD ST., 3RD FL, THE ARROTT BLDG. PITTSBURGH, PA 15222

**FILED** May 01, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

04172007 No Chq-LP

CR2E003 (12/06)

4. FEI Number 59-3524940 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOGERMAN, RICHARD M ESQ. 150 S. PINE ISLAND RD., SUITE 130 PLANTATION, FL 33324

## 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, 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	
DDCUMENT #	P01000000315	
NAME	BEAVERS' BOYS CLUB, INC.	
STREET ADDRESS	5191 INAGUA WAY	
CITY-ST-ZIP	NAPLES, FL 34119	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT #		IN THIS SPACE

U00000752626 05/21/07-80023-018 500.00

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

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

STREET ADDRESS

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CitY-S1-ZIP

ED OR PRINTED NAME OF SIGNING GENERA