2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Jan 14, 2008 08:00 AM **DOCUMENT # A99000001781 Secretary of State** 1. Entity Name JKR FAMILY LIMITED PARTNERSHIP, LLLP Mailing Address Principal Place of Business 4130 TAMIAMI TRAIL 4130 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 01072008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0819622 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ROSENFIELD, LOUIS D 4130 TAMIAMI TRAIL DO NOT WRITE PORT CHARLOTTE, FL 33952 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 FILE NOWIII FEE 18 \$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. GENERAL PARTNER INFORMATION 12. DOCUMENT # ROSENFIELD, LOUIS D NAME STREET ADDRESS 4130 TAMIAMI TRAIL CITY-ST-ZIP PORT CHARLOTTE, FL 33952 DOCUMENT # NAME U00000784378 01/16/08-80048-020 500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK NAME STREET ADDRESS CITY-ST-ZIP STAPLE DOCUMENT # NAME STREET ADDRESS

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 trusted ampowered to execute this people as required by Chapter 6/10, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP