


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # A99000002003 1. Entity Name KAMP JONES, LTD.					
Principal Place of Business 14010 SHADY SHORES DRIVE TAMPA FL 33613			Mailing Address 14010 SHADY SHORES DRIVE TAMPA FL 33613		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3598632	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HINES, JAMES P 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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 # NAME STREET ADDRESS CITY- ST- ZIP	G99347900093 JONES IRREVOCABLE TRUST 14010 SHADY SHORES DRIVE TAMPA FL		STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP	U000000680498 04/04/07-80001-003 500.00	
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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					
SIGNATURE: <u>Turner L. Jones</u> - Turner L. Jones			1-31-07		813-962-3936
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE