


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

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B03000000397</b> 1. Entity Name JIK COLONNADES, LLLP, LIMITED PARTNERSHIP	
---	---

Principal Place of Business 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 33016-5897	Mailing Address 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 33016-5897
--	--

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-0414376	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  JIK COLONNADES GP, INC. 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 33016-5897
---

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>
--

**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 #	P03000128919
NAME	JIK COLONNADES GP, INC.
STREET ADDRESS	7900 MIAMI LAKES DR. WEST
CITY - ST - ZIP	MIAMI LAKES, FL 330165897
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000735111  
05/10/07-80021-001 500.00

**DO NOT WRITE IN THIS SPACE**

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> 	Date: 4/23/07	Daytime Phone #: (305) 364-4101
---	---------------	---------------------------------

Christy Rodriguez, VP

STAPLE CHECK HERE