2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED DOCUMENT # B0400000321 1. Egitty Name JEFFERSON VALUE ASSOCIATES LP 2007 MAY 10 PM 11:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business C/O THE GOODMAN COMPANY C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101 777 SOUTH FLAGLER DRIVE, SUITE 1101 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E003 (12/06) Chg-LP Applied For 4. FEI Number 20-0560236 City & State City & State APPLIED FOR Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHEWALTER, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) C/O THE GOODMAN COMPANY 777 S. FLAGLER DRIVE, STE. 1101 WEST PALM BEACH, FL 33401 City Zip Code FL 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 it 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. M04000003000 DOCUMENT # STREET ADDRESS SECOND JEFF GP LLC STREET ADDRESS 777 S. FLAGLER DRIVE, STE. 1101 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33401 9010313986. DOCUMENT # STREET ADORESS 85/24/87--01009--001 **508.75 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOÇUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-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 rustee employeed to execute this report as required by Chapter 620 Florida Statutes. I its manager April 27, 2007 561-833-3777 SIGNATURE:

Daytime Phone #

Date

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