


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # B04000000520 1. Entity Name JAS FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 601 OAK COMMONS BLVD. KISSIMMEE, FL 34741	Mailing Address 601 OAK COMMONS BLVD. KISSIMMEE, FL 34741
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01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3425737	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 MASSEY, JOHNSON P M.D. 601 OAK COMMONS BLVD. KISSIMMEE, FL 34741

**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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	
DOCUMENT #	
NAME	MASSEY, JOHNSON P TRUSTEE
STREET ADDRESS	9848 KILGORE ROAD
CITY - ST - ZIP	ORLANDO, FL 32836
DOCUMENT #	
NAME	MASSEY, MUSSARAT J TRUSTEE
STREET ADDRESS	9848 KILGORE ROAD
CITY - ST - ZIP	ORLANDO, FL 32836
DOCUMENT #	
NAME	
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STREET ADDRESS	
CITY - ST - ZIP	

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01/27/06-80013-005 500.00

**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

SIGNATURE: Johnson P. Massey JOHNSON P. MASSEY 1-16-06 407 896-0676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE