

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # B97000000670**

1. Entity Name  
**JAN REAL ESTATE COMPANY LIMITED PARTNERSHIP**



Principal Place of Business  
 % JACQUELYN S. HESS CPA  
 37000 GRAND RIVER AVE. SUITE 130  
 FARMINGTON HILLS, MI 48335-2881

Mailing Address  
 % JACQUELYN S. HESS CPA  
 37000 GRAND RIVER AVE. SUITE 130  
 FARMINGTON HILLS, MI 48335-2881

2. Principal Place of Business - No P.O. Box #

**29200 NORTH WESTERN HWY**  
 Suite, Apt. #, etc.  
**150**

3. Mailing Address

**29200 NORTHWESTERN HWY**  
 Suite, Apt. #, etc.  
**150**

City & State  
**SOUTHFIELD MI**

City & State  
**SOUTHFIELD MI**

Zip  
**48034** Country  
**USA**

Zip  
**48034** Country  
**USA**

01092008 Chg-LP CR2E003 (12/06)

4. FEI Number  
**38-3383502** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GYONGYOSI, EVA**  
**TWO OCEAN LANE**  
**MANALAPAN, FL 33462**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**F97000006551**  
**EVGA CORPORATION**  
**25900 ROMANY WAY**  
**FRANKLIN, MI 48025**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**100115895111**  
**01/23/08--01032--009 \*\*500.00**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Gale Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1-18-08*

Date Daytime Phone #

STAPLE CHECK HERE

**FILED**

**08 JAN 29 PM 2:59**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

