


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
 04 JAN 21 AM 9:11  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # B02000000030**

1. Entity Name  
**INTERVEST-QUAY LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**15 EAST 5TH STREET, SUITE 2700**      **15 EAST 5TH STREET, SUITE 2700**  
**TULSA, OK 74103**      **TULSA, OK 74103**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004    Chg-LP    CR2E003 (10/03)    1/21

4. FEI Number  
**APPLIED FOR**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MURDOCH, ROBERT E**  
**790 EAST BROWARD BLVD., SUITE 400**  
**FT. LAUDERDALE, FL 33301**

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.

9. Capital Contributions as Shown on record.    \$0.00    10. Amount of Capital Contributions in FLORIDA to date.

**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 #	M02000000264	STREET ADDRESS	
NAME	QUAY, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	15 EAST 5TH STREET, SUITE 2700		
CITY-ST-ZIP	TULSA, OK 74103		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_      **1/14/04**      **918-583-0938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #