


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JAN 18 AM 9:55

DOCUMENT # B02000000030

1. Entity Name
 INTERVEST-QUAY LIMITED PARTNERSHIP



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

Mailing Address
 15 EAST 5TH STREET, SUITE 2700
 TULSA, OK 74103

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01052005 Chg-LP CR2E003 (10/03)

4. FEI Number
~~ARMED FOR~~ 73-1383913 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 #	M0200000264	STREET ADDRESS	
NAME	QUAY, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	15 EAST 5TH STREET, SUITE 2700		
CITY-ST-ZIP	TULSA, OK 74103		
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STREET ADDRESS			
CITY-ST-ZIP			

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:  Dale A. Williams, 1/11/05 918-583-0938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE