


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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|--|--------------------------------|---|---------|
| 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 - No P.O. Box # | | 3. Mailing Address PO Box 4779 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Tulsa, OK | |
| Zip | Country | Zip | Country |
| 74159 | USA | 74159 | USA |
| 4. FEI Number 73-1383913 | | 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 MURDOCH, ROBERT E 790 EAST BROWARD BLVD., SUITE 400 FT. LAUDERDALE, FL 33301 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 | | 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 | | |
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| NAME | | CITY-ST-ZIP | |
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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 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: _____ | | Date: 3/11/08 | |
| Signature and typed or printed name of signing general partner President of Intervest Management Ltd. manager of Quay LLC as manager | | Daytime Phone # | |



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