

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
2005 APR 29 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                   |  |
|-----------------------------------|--|
| DOCUMENT # A04000000813           |  |
| 1. Entity Name<br>JMC QUEST, LLLP |  |



|  |   |
|--|---|
| Principal Place of Business<br>811 - 15TH AVE. W<br>PALMETTO, FL 34221 | Mailing Address<br>P.O. BOX 301<br>PALMETTO, FL 34220 |
|--|---|

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



|   |        |  |
|---|--------|--|
| 04082005  | Chg-LP | CR2E003 (10/03)  |
| 4. FEI Number   |        | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |        | \$8.75 Additional Fee Required   |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent               |  |
| CREEL, JEANETTE M<br>811 - 15TH AVE. W.<br>PALMETTO, FL 34221 |  |

|  |          |
|--|----------|
| 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. \$1,000.00 | 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 #                      | P04000066469                   | STREET ADDRESS           |   |
| NAME                            | JACRE MANAGEMENT COMPANY, INC. | CITY-ST-ZIP              | 400054920594<br>05/20/05--01054--015 **141.25 |
| STREET ADDRESS                  | 811 - 15TH AVE. W              | STREET ADDRESS           |   |
| CITY-ST-ZIP                     | PALMETTO, FL 34221             | CITY-ST-ZIP              |   |
| DOCUMENT #                      |                                | STREET ADDRESS           |   |
| NAME                            |                                | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |                                | STREET ADDRESS           |   |
| CITY-ST-ZIP                     |                                | CITY-ST-ZIP              |   |
| DOCUMENT #                      |                                | STREET ADDRESS           |   |
| NAME                            |                                | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |                                | STREET ADDRESS           |   |
| CITY-ST-ZIP                     |                                | CITY-ST-ZIP              |   |
| DOCUMENT #                      |                                | STREET ADDRESS           |   |
| NAME                            |                                | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |                                | STREET ADDRESS           |   |
| CITY-ST-ZIP                     |                                | 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: <i>JEANETTE M. CREEL</i>   | CREEL<br>JEANETTE M. CREEL<br>MANAGING MEMBER<br>DIRECTOR |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <small>Date Daytime Phone #</small>                       |

STAPLE CHECK HERE