


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A02000001615			
1. Entity Name J & L INVESTMENTS LTD.			
Principal Place of Business 5328 RIVERSIDE DRIVE PORT ORANGE FL 32127		Mailing Address P.O. BOX 291425 PORT ORANGE FL 32129	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -5 AM 9:01



1ST MOORE CR2E003 (10/04)

4. FEI Number 04-3728272		Applied For <input type="checkbox"/> Not Applicable
5. Certificate or Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent FERRIS, JEAN 5328 RIVERSIDE DRIVE PORT ORANGE FL 32127		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$100.00	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 #	FERRIS, JEAN	STREET ADDRESS	
NAME	5328 RIVERSIDE DRIVE	CITY-ST-ZIP	
STREET ADDRESS	PORT ORANGE FL 32127		
CITY-ST-ZIP			
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08/12/05--01055--017 **550.00

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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: <u>Jean Ferris</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date: <u>7/16/05</u> 986-763-1544 Daytime Phone #