2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 12, 2008

/ Due by September 12, 2000									
	1. Entity Name	CUMENT # A0400000813 Name QUEST, LLLP				FILED 08 JUL 18 PM 2: 44			
	2510 46TH ST CT E P.O		Mailing Address P.O. BOX 301 PALMETTO, FL 34220	.O. BOX 301		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
}	Principal Place of Business - No P.O. Box # Mailing Address		3. Mailing Address						
Ī	Suite, Apt.	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		07072008	Chg-LP	CR2E00	3 (12/06)
	City & State		City & State		4. FEI Number APPLIED	FOR		Applied For Not Applicable	
	Zip	Country	Zip	Country		_5. Certificate of	Status Desired		8.75 Additional ee Required
	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	CREEL, JEANETTE M 2510 46TH STREET, COURT E BRADENTON, FL 34208			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.								
i	SIGNATURE				·			·	
- }	Signature, typed or printed name of registered agent and title if applicable,						т	DATE	
	FiLE NOW!!! FEE IS \$900.00 On or after September 12, 2008, Fee will be \$1000.00						•		
	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.								
Ī	12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY			
STAPLE CHECK HERE	DOCUMENT / NAME	P04000066469 JACRE MANAGEMENT COMPANY, INC. 2510 46TH ST CT E BRADENTON, FL 34208		STR	EET ADORESS				
	STREET ADORESS CITY-ST-ZIP			cm	Y-ST-ZIP				
	DOCUMENT / NAME			STF	KEET ADDRESS	700132973237			
	STREET ADORESS CITY+ST-ZIP			CIT	Y-ST-ZIP	07/16/0	0801003-	011 *	**900.00
	DOCUMENT / NAME		•	STF	REET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CIT	Y-ST-ZIP			 ,	
	DOCUMENT /			STF	REET ADDRESS		<u>, ,</u>		
	STREET ADDRESS CITY-ST-ZIP		•	СІТ	Y-ST-ZIP				
	DOCUMENT # NAME		,	STE	REET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS			STF	REET ADDRESS	·			
	CITY-ST-ZIP		Table 1.1. Ething also the		Y-ST-ZIP	dia Ohama ara	Clasida Contra		Mr. at Ash in f
	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 accurage 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 electricinis report as required by Chapter 620, Fortida Statutes								

SIGNATURE AND TYPED OR PRINTED MAKE IF SIGNING GENERAL PARTNER