

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # A04000000935					
1. Entity Name JAMO INVESTMENTS, LTD.					
Principal Place of Business 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134			Mailing Address 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
04112005				Chg-LP	
04112005				CR2E003 (10/03)	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSA ECKSTEIN SCHECHTER, ESQ. 550 BILTMORE WAY SUITE 1110 CORAL GABLES, FL 33134			Name		
550 BILTMORE WAY			Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1110			City		
CORAL GABLES, FL 33134			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.			10. Amount of Capital Contributions in FLORIDA to date.		
\$990,000.00			\$8.75		
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 # NAME STREET ADDRESS CITY-ST-ZIP	L04000043007 JAMO MANAGEMENT, LLC 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134		STREET ADDRESS CITY-ST-ZIP	300054016688 05/06/05--01068--016 **141.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		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:			Roberto Horwitz		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
(305) 461-2440			Daytime Phone #		

STAPLE CHECK HERE