


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000000935</b>		
1. Entity Name <b>JAMO INVESTMENTS, LTD.</b>		

Principal Place of Business <b>550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134</b>	Mailing Address <b>550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03282007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>47-0943097</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HORWITZ, ROBERTO 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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, 2007, 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 # <b>L04000043007</b>	<b>JAMO MANAGEMENT, LLC 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134</b>	STREET ADDRESS	<b>U000000739396 05/14/07-80025-017 500.00</b>
NAME		CITY-ST-ZIP	
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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:**  **Roberto Horwitz** **4/13/07** **(305) 461-2440**  
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER) Date Daytime Phone #

STAPLE CHECK HERE