2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A04000000935

1. Entity Name
JAMO INVESTMENTS, LTD.



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134



01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 47-0943097 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORWITZ, ROBERTO 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134 8. The above named entity submits this statement for the purpose of changing its registered agent.		DO NOT WRITE IN THIS SPACE gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION L04000043007 JAMO MANAGEMENT, LLC 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134	· · · · · · · · · · · · · · · · · · ·	, U00000938766 05/27/08-80102-023 500.00
DOCUMENT * NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT * NAME STREET ADDRESS CITY-SI-ZIP			OT WRITE
DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT /			

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:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

KODERTO G GENERAL PARTNER 4-22-08

(305) 461-2441

ale

Daytime Phone #