


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 26 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001115		
1. Entity Name CQM, LTD.		

Principal Place of Business <b>1000 N.W. 65TH ST., STE. 200 FORT LAUDERDALE, FL 33309</b>	Mailing Address <b>1000 N.W. 65TH ST., STE. 200 FORT LAUDERDALE, FL 33309</b>
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2. Principal Place of Business <b>2950 W. CYPRESS CREEK ROAD</b>	3. Mailing Address <b>2950 W. CYPRESS CREEK ROAD</b>
Suite, Apt. #, etc. <b>SUITE 102</b>	Suite, Apt. #, etc. <b>SUITE 102</b>
City & State <b>FT. LAUDERDALE, FL</b>	City & State <b>FT. LAUDERDALE, FL</b>
Zip <b>33309</b>	Country <b>USA</b>



04132005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0444098</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	
<b>THIRER, MARTIN P.A. 1000 N.W. 65TH ST., STE. 200 FORT LAUDERDALE, FL 33309</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>2950 W. CYPRESS CREEK ROAD</b>	
<b>SUITE 102</b>	
City <b>FT. LAUDERDALE,</b>	State <b>FL</b>
Zip Code <b>33309</b>	

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 _____
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9. Capital Contributions as Shown on record. <b>\$44,090.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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>K61558</b>	STREET ADDRESS	<b>2950 W. CYPRESS CREEK ROAD, SUITE 102</b>
NAME	<b>SMG MANAGEMENT COMPANY</b>	CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33309</b>
STREET ADDRESS	<b>1000 N.W. 65TH ST., STE. 200</b>		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33309</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

**500054349855**  
**05/13/05--01002--021 \*\*397.38**

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: _____	Date <b>4/19/05</b>	Daytime Phone # <b>954-545-6070</b>
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**STEPHEN M. GOLDING**

STAPLE CHECK HERE