




# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A98000001641</b> 1. Entity Name <b>JAMAX INVESTMENTS, LTD.</b>						<div style="transform: rotate(-15deg); font-size: 24px; font-weight: bold;">FILED</div> <div style="transform: rotate(-15deg); font-size: 14px;">05 JUN -6 AM 8:24</div> <div style="transform: rotate(-15deg); font-size: 12px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>8320 SW 164TH STREET MIAMI, FL 33157</b>				Mailing Address <b>8320 SW 164TH STREET MIAMI, FL 33157</b>			
2. Principal Place of Business		3. Mailing Address		 04192005    Chg-LP    CR2E003 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>65-0854067</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>  <b>ROWE, CHARLES R 1310 N. KROMO AVE. HOMESTEAD, FL 33156</b>				<b>7. Name and Address of New Registered Agent</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>				10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT #	P98000046612			STREET ADDRESS			
NAME	JMW HOLDINGS, INC.			CITY-ST-ZIP			
STREET ADDRESS	8320 SW 164TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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							
<b>SIGNATURE:</b> 				4-23-05    (305)342 0304			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER