
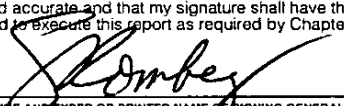


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 11:18

DOCUMENT # B01000000399 1. Entity Name PRJMMS L.P.		
Principal Place of Business 2805 BUTTERFIELD ROAD, SUITE 370 OAK BROOK, IL 60523		Mailing Address 2805 BUTTERFIELD ROAD, SUITE 370 OAK BROOK, IL 60523
2. Principal Place of Business 950 Warrenville Rd Suite, Apt. #, etc. STE 200 City & State Lisle IL Zip 60532	3. Mailing Address 950 Warrenville Rd Suite, Apt. #, etc. STE 200 City & State Lisle IL Zip 60532	
4. FEI Number 36-3820920		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____
9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 141.25	
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	F0100006033 THE HAVI GROUP, INC. 3010 HIGHLAND, SUITE 400 DOWNERS GROVE, IL 60515	STREET ADDRESS CITY-ST-ZIP 800050424968 04/11/05--01079--015 ** 3/1/05 14/125
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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: 3/22/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>

STAPLE CHECK HERE

KP