


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AK)
DUE BY MAY 1, 2005**

FILED

**Feb 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # B95000000057	
1. Entity Name JLM INVESTMENT ASSOCIATES LIMITED PARTNERSHIP	

Principal Place of Business 3238 CASSEEKEY ISLAND RD. JUPITER FL 33477	Mailing Address 3238 CASSEEKEY ISLAND RD. JUPITER FL 33477
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent	
MOORE, M. LEON 3238 CASSEEKEY ISLAND RD. JUPITER FL 33477	

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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
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9. Capital Contributions as Shown on record. \$901,683.00	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	
DOCUMENT #	F95000000811
NAME	QHA, INC.
STREET ADDRESS	3238 CASSEEKEY ISLAND RD.
CITY, ST, ZIP	JUPITER FL 33477
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	

100000246751
02/28/05 00079 010 535.00

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
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SIGNATURE:  M. Leon Moore	1-26-05	561-747-8980
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Telephone Number</small>

STAPLE CHECK HERE