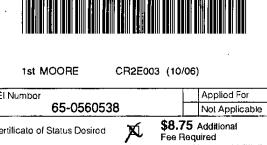
2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007 DOCUMENT # B95000000057 JLM INVESTMENT ASSOCIATES LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3238 CASSEEKEY ISLAND RD. 3238 CASSEEKEY ISLAND RD. JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE City & State City & State 4. FEI Number Zip s Country Zıp Country 5. Certificate of Status Dosired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

FILED Apr 30, 2007 08:00 All Secretary of State



MOORE, M. LEON Street Address (P.O. Box Number is Not Acceptable) 3238 CASSEEKEY ISLAND RD. JUPITER FL 33477 City Zip Code

8. The above named onlity submits this statement for the purpose of changing its registered	ed office or registered agent, or both, in the State of Florida. I am familiar with, and
accept the obligations of registered agent.	

FILE NOW!!! Fee is \$500, *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT (F95000000811 STREET ADDRESS QHA, INC. 3238 CASSEEKEY ISLAND RD. CHY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS U000000748017 05/17/07-80050-003-508.75 STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CHY-S1-ZIP DOCUMENT # STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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 eath; 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

CITY-ST-ZIP

SIGNATURE:

HERE

STAPLE

NAME STINET ADDRESS

CITY-ST-ZIP