

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 FEB -7 AM 9:28

<b>DOCUMENT # B99000000435</b>					
<b>1. Entity Name</b> JLM INVESTMENT SHOPPING CENTER LIMITED					
<b>Principal Place of Business</b> 285 WEST 49TH STREET HIALEAH, FL 33012			<b>Mailing Address</b> 285 WEST 49TH STREET HIALEAH, FL 33012		
<b>2. Principal Place of Business</b> 6450 W. 21 COURT Suite, Apt. #, etc. SUITE 205		<b>3. Mailing Address</b> 6450 W. 21 COURT Suite, Apt. #, etc. SUITE 205			
<b>City &amp; State</b> HIALEAH, FLA		<b>City &amp; State</b> HIALEAH, FLA		<b>4. FEI Number</b> 58-2501753	
<b>Zip</b> 33016		<b>Country</b> DADE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VICTORES, LORENZO 285 WEST 49TH STREET HIALEAH, FL 33012			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 6450 W. 21 COURT, SUITE 205 City HIALEAH FL Zip Code 33016		
<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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$5,000,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<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 # F99000006043 NAME JLM HOLDINGS, INC. STREET ADDRESS 30 OLD RUDNICK LANE CITY-ST-ZIP DOVER, DE 19901			STREET ADDRESS 6450 W. 21 COURT, SUITE 205 CITY-ST-ZIP HIALEAH, FLA 33016		
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			STREET ADDRESS _____ CITY-ST-ZIP _____		
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<b>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>					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date <i>2/3/05</i> Daytime Phone # <i>(305) 558-7160</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE