


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B99000000435</b> 1. Entity Name <b>JLM INVESTMENT SHOPPING CENTER LIMITED</b>	
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Principal Place of Business <b>6450 W 21 COURT SUITE 205 HIALEAH, FL 33016</b>	Mailing Address <b>6450 W 21 COURT SUITE 205 HIALEAH, FL 33016</b>
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>58-2501753</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VICTORES, LORENZO 6450 W 21 COURT SUITE 205 HIALEAH, FL 33016</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

00000091-3361

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

05/08/08-80025-004 500.00

**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 #	<b>F99000006043</b>
NAME	<b>JLM HOLDINGS, INC.</b>
STREET ADDRESS	<b>6450 W 21 COURT, SUITE 205</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *J. V. Vitor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/15/08

(305) 558-7160

STAPLE CHECK HERE