2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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SIGNATURE: .

ATURE AND TYPED OR PRINTED NAME OF SIGNING DEN

FILED 2005 MAY -2 AH 10: 27 DOCUMENT # A0000001363 SECRETARY OF STATE TALLAHASSEE, FLORIDA GARÁK FLP, LTD. Principal Place of Business Mailing Address 1310 VERMONT AVE. 1310 VERMONT AVE. LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 3. Mailing Address 2. Principal Place of Business 2916 Country Club 04272005 Chg-LP CR2E003 (10/03) Gity & State City & State 4. FEI Number Applied For 59-3670091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BABER, GEORGE LARRY JR Street Address (P.O. Box Number is Not Acceptable) 1310 VERMONT AVE LYNN HAVEN, FL 32444 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 familia the obligations of regime SIGNATURE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY 13. DOCUMENT # P00000075831 STREET ADDRESS GARAK INVESTMENTS, INC. MAME 4310 VERMONT AVE 2916 Country Club STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN, FL 32444 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME ? STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 occur this report as a figure by Chapter 620, Florida Statutes.

RAL PARTNER

Z6/ADD/05