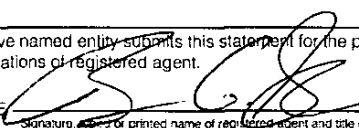
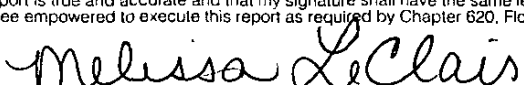


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 11:23

DOCUMENT # A00000001624 1. Entity Name QUADSTRIKE INVESTMENTS, LTD., LLLP					
Principal Place of Business 1909 BRIGHTWATERS BLVD., NE ST. PETERSBURG, FL 33704			Mailing Address 1909 BRIGHTWATERS BLVD., NE ST. PETERSBURG, FL 33704		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1065994	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPARKS, BRIAN C 100 S. ASHLEY DR., STE. 1500 TAMPA, FL 33602			Name Sparks, Brian C. Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd., Suite 3700 City Tampa FL 33602		
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 			BRIAN C. SPARKS DATE 3/16/05		
9. Capital Contributions as Shown on record. \$20,000,000.00			10. Amount of Capital Contributions 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000101277		STREET ADDRESS		
NAME	QUADSTRIKE, INC.		CITY-ST-ZIP		
STREET ADDRESS	1909 BRIGHTWATERS BLVD., NE				
CITY-ST-ZIP	ST. PETERSBURG, FL 33704				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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 execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			DATE 3/16/05 (727) 803-2233		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE