


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED  
Mar 08, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A00000001696</b>			
1. Entity Name <b>THE TRUSLER FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>3242 HENDERSON BLVD., SUITE 301 TAMPA FL 33609</b>		Mailing Address <b>3242 HENDERSON BLVD., SUITE 301 TAMPA FL 33609</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-3597812</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FLAWS, MAGNUS JR. 3242 HENDERSON BLVD., SUITE 301 TAMPA FL 33609</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 *Geneva M. Trusler* DATE 2-08-05

Signature, typed or printed name of registered agent and date if applicable

**11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	TRUSLER, GENEVA M TRUSTEE	STREET ADDRESS	
NAME	3242 HENDERSON BLVD., SUITE 301	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33609		
CITY-ST-ZIP		STREET ADDRESS	UN0000255357
		CITY-ST-ZIP	03/08/05-80011-008 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Geneva M. Trusler* **GENEVA M. TRUSLER** 2-08-05 **813-875-1040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #