

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

<b>DOCUMENT # A00000001797</b> 1. Entity Name ADKINS HOLDINGS, LTD.		 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 15 AM 10:00
Principal Place of Business 790 ANDREWS AVE., APT. 106C DELRAY BEACH, FL 33483		Mailing Address 790 ANDREWS AVE., APT. 106C DELRAY BEACH, FL 33483
2. Principal Place of Business <i>700 Elm Tree Lane</i> Suite, Apt. #, etc.		3. Mailing Address <i>700 Elm Tree Lane</i> Suite, Apt. #, etc.
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL</i>
Zip <i>33486</i>	Country <i>USA</i>	4. FEI Number 65-1032540
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent ADKINS, MARTHA 790 ANDREWS AVE., APT. 106C DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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 _____ DATE <i>7/1/05</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
9. Capital Contributions as Shown on record. <b>\$3,600,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	
<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>		
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L00000008293 M & J ADKINS, LLC 790 ANDREWS AVE., APT. 106C DELRAY BEACH, FL 33483	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS 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: <i>Martha Adkins</i> <b>MARTHA ADKINS</b>		Date: <i>7/1/05</i> Daytime Phone #: <i>561-328-0388</i>

STAPLE CHECK HERE