2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

DOCUMENT # A0000001797					SECRETARY OF STATE			
1. Entity Nam ADKINS I	e HOLDINGS, LTD.		AIRIO!, UE	rii FUKAI	10119			
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Principal Place of Business Mailing Address Too AND File ANT ADD AND THE ANT ADD AND THE ANT ADD AND THE ADD AND T								
790 ANDREWS AVE., APT. 106C 790 ANDREWS AVE., APT DELRAY BEACH, FL 33483 DELRAY BEACH, FL 3348				L	M			
2. Principal Place of Business 3. Mailing Address 13.0 6/m 1065 ANT 130 6/m 10				- I MNE				
Suite, Apt. #, etc. Suite, Apt. #, etc.				CINVE	06302005	Chg-LP	CR2E003 (10	V03)
Stro & State C C Chy & State D C				C	4. FEI Number			Applied For
Zip				ntry	65-1032540 Not Applicable 5. Certificate of Status Desired \$8.75 Additional			
33486	in the second	1 237 0 -		SP	5. Cermicate of Status Desired Fee			equired —
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
ADKINS, MARTHA 790 ANDREWS AVE., APT. 106C				Street Address (P.O. Box Number is Not Acceptable)				
DELRAY BEACH, FL 33483								
				City			FL Zip	Code
8. The above	named entity submits this statement for	the ournose of changing its	register	ed office or registe	red agent, or both.	in the State of FI		with, and accept
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.								
9. Capital Contributions as Shown on record. \$3,600,000.00 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		13.	i, air airiciidiic	in mean be mea		ANGES ONLY	
DOCUMENT / NAME	L00000008293 M & J ADKINS, LLC			TREET ADDRESS 720 6/m TREE / AND				
STREET ADDRESS CITY-ST-ZIP	790 ANDREWS AVE., APT. 1060 DELRAY BEACH, FL 33483	;	CITY	(-ST-ZIP	a Post	2 61	334	91
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14. thereby	certify that the information supplied with	this filing does not qualify to	or the exe	emption stated in S	ection 119.07(3)(i),	Florida Statutes.	I further certify tha	t 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: Martha and Types Of Printed MARE OF SIGNING GENERAL PARTNER DOLL DOLL DOLL DOLL DOLL DOLL DOLL DOL								