


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000422</b>					
1. Entity Name FENTRESS DAYTONA, LTD.					
Principal Place of Business 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 US			Mailing Address 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  HOOD, CHARLES D JR. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$300,000.00</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 #	L03000013764		STREET ADDRESS		
NAME	PYRAMID MANAGEMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 900				
CITY-ST-ZIP	DAYTONA BEACH, FL 32118				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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)(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 690, Florida Statutes					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <b>4/5/05</b>		Daytime Phone #: <b>386-254-687</b>



04052005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3708434** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

STAPLE CHECK HERE

L000001369477  
 06/10/05-80012-002 535.00