


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


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 11 AM 10:46

<b>DOCUMENT # A02000001236</b>	
1. Entity Name LOFTS ON THE PARK, LLLP	

Principal Place of Business 13144 PARK BLVD., SUITE C SEMINOLE, FL 34642	Mailing Address 13144 PARK BLVD., SUITE C SEMINOLE, FL 34642
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2. Principal Place of Business <i>13100 PARK BLVD</i>	3. Mailing Address <i>13100 PARK BLVD</i>
Suite, Apt. #, etc. <i>SUITE B</i>	Suite, Apt. #, etc. <i>SUITE B</i>
City & State	City & State
Zip <i>33776</i>	Country
Zip <i>33776</i>	Country

	
01192005	Chg-LP
42-1550662	CR2E003 (10/03)
4. FEI Number	Applied For
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

<b>8. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$0.00</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 #	BICKEY, NICHOLAS	STREET ADDRESS	<i>13100 PARK BLVD, SUITE B</i>
NAME	13144 PARK BLVD., SUITE C	CITY-ST-ZIP	<i>SEMINOLE, FL 33776</i>
STREET ADDRESS	SEMINOLE, FL 34642		
CITY-ST-ZIP		STREET ADDRESS	<i>13100 PARK BLVD, SUITE B</i>
		CITY-ST-ZIP	<i>SEMINOLE, FL 33776</i>
		STREET ADDRESS	<i>500048863185</i>
		CITY-ST-ZIP	<i>03722705--01041--026 **150.00</i>

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)(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: *Mindy Bickey, GEN PTR* 3/3/05 (927) 397-0746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #