2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED SECRETARY OF STATE DIVISION OF CORPORATION

	1. Entity Nam	MENT # A0300000			DIVISION OF CORPORATIONS 05 MAR 15 AM 9: 44				
	Principal Plac 26100 S.W. HOMESTEAD	112TH AVENUE	Mailing Address 26100 S.W. 112TH AVENUE HOMESTEAD, FL 33032				1) 1		
	2. Principal Place of Business		3. Mailing Address						
Ì	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252005	Chg-LP	CR2E00	3 (10/03)
ا ي	City & State		City & State			4. FEI Number55-0837			Applied For - Not-Applicable
	Zip Country		Zip ,	Countr		5. Certificate o	f Status Desired		8.75 Additional es Required
	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
	LAW, LESTER G ESQ GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DRIVE, STE. 501 NAPLES, FL 34108				Street Address (P.O. Box Number is Not Acceptable)				
	NAPLES, I	-L 34108				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 Signature, typed or printed name of registered agent and title if applicable.					,		DATE	
	9. Capital Contributions as Shown on record. \$25,000,000.00 In FLORIDA to date.				ributions				
	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.							ner.	
	12.	and the second s					ADDRESS CHA	ANGES ONLY	
	DOCUMENT # NAME STREET ADDRESS	JW FRITZ PARTNERS, INC. 26100 S.W. 112TH AVENUE		ı	EET ADDRESS /-ST-ZIP				
ļ	CITY-ST-ZIP DOCUMENT /	HOMESTEAD, FL 33032			EET ADDRESS				
	NAME Street Address City-St-Zip	TREET ADDRESS			/-ST-ZIP		<u></u>		
STAPLE CHECK HERE	DOCUMENT &			STR	EET ADDRESS.	-			
	STREET ADDRESS CITY-ST-ZIP				/-ST-ZIP	03/2	000/1: 2/050101	75013	1 4 1 **437.50
	DOCUMENT # NAME	ME			EET ADDRESS	100048887141 03/22/0501075014 ***8.75			
	STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP				
	DOCUMENT # NAME			STR	EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP			СПУ	r-ST-ZIP				
	DOCUMENT #			STR	EET ADDRESS				
	STREET ADDRESS CÎTÝ-SI-ZIP				r-ST-ZIP				
	14. I hereby of indicated the receiv	certify that the information supplied wit on this report is true and accurate an ver or trustee empowered to execute	th this filling does not qualify to d that my signature shall hav his report as required by Cha	for the exe e the sam apter 620,	emption stated in S e legal effect as if Florida Statutes	ection 119.07(3)(i) made under oath;	, Florida Statutes. I that I am a Genera	further certify I Partner of th	that the information e limited partnership or

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: _