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

Kim S. Kelley

## FILED May 11, 2005 08:00 AM Secretary of State

Principal Place of Business So SOUTH FLORDA AT, SUITE 700 LAKELAND, FL 33801  2. Principal Place of Business Suite, Apri. 4, etc.  2. Principal Place of Business Suite, Apri. 4, etc.  3. Mailing Address Suite, Apri. 4, etc.  4. PEI Number Suite OCCURRY Declared Suite Occurring Suite OCCURRY Declared Suite Occurring Suite OCCURRY Declared Suite Occurring Suite OCCURRY Declared Suite OCCURRY Declared Suite Occurring Suite OCCURRY Declared Suite O	1. Entity Name	VENT # A04007	inay 1, 20				Se	ecret <i>a</i>	ry of S
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   City & State   City & State   City & State   4, FEI Number   31-616227     Applied For   Not Applied For   Appl	500 SOUTH F	LORIDA AVE., SUITE 700	P.O. BOX 5252	3807					
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   City & State   City & State   City & State   4, FEI Number   31-616227     Applied For   Not Applied For   Appl	2. Principal Pi	ace of Business	3. Mailing Address	<del></del>	<del></del>				
City & State  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  To Name and Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  To Name and Address of New Registered Agent  Name  Street Address of New Registered Agent  To Name and Address of New Registered Agent  To Name and Address of New Registered Agent  Name and Address of New Registered Agent  To Name and Address of N	Suite, Apt.	if, etc.	_ Suite, Apt. #, etc.		•	,			
Signary (Course)  6. Name and Address of Coursent Registered Agent  7. Name and Address of New Registered Agent  North Address (P.O. Box Number is Not Acceptable)  North Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity siturals this statement for "tip purpose of changing its registered diffice or registered agent, or both, in the State of Rodda. I am familiar with, and acceptable of registered agent, or both, in the State of Rodda. I am familiar with, and acceptable of Rodda. I am familiar with and acceptable of Rodda.  8. The above named entity site rate of Rodda. I am familiar with and acceptable of Rodda. I am familiar with acceptable of Rodda. I am familiar with and acceptable of Rodda. I am familiar with and acceptable of Rodda. I am familiar with and acceptable of Rodda. I am familiar with acceptable of Rodda. I am familiar with and acceptable of Rodda. I am familiar with and acceptable of Rodda. I am familiar with acceptable of Rodda. I am familiar with acceptable of Rodd	City & State	• · · · · · · · · · · · · · · · · · · ·	City & State		•			<del></del>	<del></del>
MCFARLANE, PETER A, 500 SOUTH FLORIDA AVE., SUITE 715  LAKELAND, FL 33801  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda. Lam familiar with, and acceptable)  9. Cepting Contributions of registated agent.  SIGNATURE  9. Cepting Contributions as Shown on record. \$0.00  10. Amount of Captala Contributions in FLORIDA DATE  A GENERAL PARTNER THÂT 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 filled to change a general partner.  12. © GENERAL PARTNER THÂT 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 filled to change a general partner.  12. © GENERAL PARTNER THÂT 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 filled to change a general partner.  12. © GENERAL PARTNER THÂT 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 filled to change a general partner.  13. ADDRESS CHANGES ONLY  DOUBLANT (MARK STEP ADDRESS)  CITY ST JP  COULDING STEP ADDRESS  CITY ST JP  COULDING STEP ADDRESS  CITY ST JP  CITY ST JP	Zip	Country	Zīp	Country	!		<del></del>	2 \$	8.75 Additional
MCFARLANE, PETER A 500 SOUTH FLORIDA AVE., SUITE 715  LAKELAND, FL 33801  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and scrept the obligations of registered agent. When the obligations of registered agent.  SIGNATURE  9. Capital Contributions  90.00  10. Amount of Capital Contributions  10. ADDRESS CHANGES ONLY  12.  13. ADDRESS CHANGES ONLY  14. ADDRESS CHANGES ONLY  15. ADD		6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	legistered A	gent
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable into obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  12. GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOUBLET!  NAME  P2845  A & M PROPERTIES, INC.  SINET ADDRESS  CITY-S1-2P  DOUBLET!  SINET ADDRESS  CITY-S1-2P  DOUBLET!  NAME  SINET ADDRESS  CITY-S1-2P  DOUBLET!  NAME  SINET ADDRESS  CITY-S1-2P  DOUBLET!  NAME  SINET ADDRESS  CITY-S1-2P  CITY-S1-2P  DOUBLET!  NAME  SINET ADDRESS  CITY-S1-2P  CITY-S1-2P  CITY-S1-2P  DOUBLET!  NAME  SINET ADDRESS  CITY-S1-2P  CITY-S1-2P  DOUBLET!  NAME  SINET ADDRESS  CITY-S1-2P  C			· ·	Nam	ie .				
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	CITY+ST-ZIP	and the Table To the Country of the	Train mitter de la constant	i	atalast in E	allen i primarcosis	Maria State	l franke '	to the state of th
SIGNATURE: Jun 1516 863-647-1581			i tris filing does not qual that my signature shall is report as required by	miy for the exemption have the same legal of Chapter 620, Florida	stated in Sei effect as if m Statutes	<b>A</b> :			