2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SIGNATURE:

DOCUMENT # A11130 1. Entity Name SOUTHERN DEVELOPMENT CO. OF MILTON, LTD.						SEGRETARY OF STATE DIVISION OF LOOPORATIONS 05 JUL 25 AH II: 00			
Principal Place of Business Mailing Address									
900 S. PERRY ST., SUITE A 900 S. PERRY ST., SUIT									
MONTGOMERY, AL 36104 MONTGOMERY, AL 361				L 36104					
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Principal Place of Business 3. Mailing Address						~ "			
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Suite, Apt. #, etc. Suite, Apt. #,				etc.		07062005	Chg-LP	CR2E003 (10/03)	
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City & State			City & State		4. FEI Number	624		lied For	
Zip Country		Country	Zip		try	43-1368624 Not Applicable 5 Certificate of Status Desired \$8.75 Additional			
				00	,	5. Certificate of	Status Desired	Fee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
					Name				
CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVENUE TALLAHASSEE. FL					Street Address ((P.O. Box Number is Not Acceptable)			
					ou bet Abbress ((F.O. Box Number is Not Acceptable)			
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
					City			Zip Code	
								r _L i	
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 Coa as Shown o		\$66,000.00	10. Amount of in FLORID.	Capital Contrib A to date.	putions				
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									
12.		GENERAL PARTNER	RINFORMATION	13.			ADDRESS CHA	NGES ONLY	
DOCUMENT / NAME	GODIN, R J JR.				ET ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	MONTGOMERY, AL 36104				ST-ZIP	90.701.77	00580 %003-	56445 -007 **535_00	1
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CITY-ST-ZIP MONTGOMERY, AL 36104					31-21				
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CITY-ST-ZIP					ST-ZIP				
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NAME	1			SIKE	ET ADDRESS				
STREET ADDRESS				CITY-	ST-ZIP				
CITY-ST-JIP									
DOCUMENT #		•		STREE	ET ADDRESS				
NAME STREET ADDRESS					<u> </u>				V
CITY-ST-ZIP				CITY-	ST-ZIP				
	ertily that the	a information supplied with	this filing does not aug	lify for the over	notion stated in Sa	ction 110 07(3\/1)	Florido Statuta 1	further goals, that that I	
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									