2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

FILED May 16, 2005 08:00 AM Secretary of State DOCUMENT # A25498 1. Entity Name GREENE CANFIELD DEGEORGE LTD. Principal Place of Business Mailing Address 50 S. BELCHER RD STE, 117 CLEARWATER FL 33765 50 S. BELCHER RD STE. 117 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 59-2844126 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERSEM, THOMAS G., ESQ. Street Address (P.O. Box Number is Not Acceptable) 2905 WEST BAY DR. BELLEAIR BLUFFS FL 34640 Zip Code FL 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. 11: FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$160,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # P97000083956 STREET ADDRESS HOTEL BROKERS, INC. NAME STREET ADDRESS 50 S. BELCHER RD STE. 117 DILY - ST - 719 U00000366859 CITY+ST-ZIP CLEARWATER FL 33765 05/16/05-80009-019-526.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CHIY-SI-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS Cri Y - ST - Z/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP 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 cath, 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

SIGNATURE: AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

Anthony R. De George

4/29/05

727-447-8 383