2005 LIMITED PARTNERSHIP ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS DOCUMENT # A94000001126 05 MAY 13 AM 8: 57 1. Entity Name RUTLAND RANCH, LTD. Principal Place of Business Mailing Address 300 1ST AVE. S., STE. 200 ST. PETERSBURG, FL 33701 % SUNTRUST BANK OF TAMPA BAY P.O. BOX 1498 TAMPA, FL 33601 2. Principal Place of Business 3. Mailing Address 300 1st Avenue South Suite, Apt. #, etc. Suite, Apt. #, etc. 05052005 Chg-LP CR2E003 (10/03) Suite # 200 City & State St. Petersburg, FL Applied For City & State 4. FEI Number 59-7030675 Not Applicable Zip Country Zip 33701 Country \$8.75 Additional 5. Certificate of Status Desired M USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRELAND, JEANNE C Street Address (P.O. Box Number is Not Acceptable) SUNTRUST BANK OF TAMPA BAY 300 1ST AVENUE SOUTH, SUITE 200 ST PETERSBURG, FL 33701 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 9. Capital Contributions 10. Amount of Capital Contributions \$33,741,855,66 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 ADDRESS CHANGES ONLY 12, DOCUMENT # STREET ADORESS SUNTRUST BANK OF TAMPA BAY, TRUSTEE NAME STREET ADDRESS 300 1ST AVENUE SOUTH, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 33701 DOCUMENT # STREET ADDRESS SUNTRUST BANK OF TAMPA BAY, TRUSTEE STREET ADDRESS 300 1ST AVENUE SOUTH, SUITE 200 CITY-ST-ZIP City-St-ZIP ST PETERSBURG, FL 33701 100056165691 06/14/05--01071--020 ***535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #

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 eath; 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: 5/5/85 727-992-4694
SIGNATURE: Date Date Date Date

CHECK

STAPLE

NAME Street adoress