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

FILED Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # A97000002123 1. Entity Name BRYSON INVESTMENTS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 7491 CONROY WINDERMERE ROAD 7491 CONROY WINDERMERE ROAD ORLANDO, FL 32835 ORLANDO, FL 32835 _ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 01262005 Chg-LP CR2E003 (10/03) 4. FE! Number Applied For City & State City & State 59-3475598 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6, Name and Address of Current Registered Agent YOUNG, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7491 CONROY WINDERMERE ROAD ORLANDO, FL 32835 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 10. Amount of Capital Contributions \$250,000.00 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 ADDRESS CHANGES ONLY 13. 12. DOCUMENT # P97000070720 STREET ADDRESS BRYSON INVESTMENT ENTERPRISES CORP. NAME 7491 CONROY WINDERMERE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32835 immaa31150 DOCUMENT # STREET ADDRESS n4/26/05-80006-009 141.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP SOCUMENT . STREET ADDRESS NAME

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 empawered to execute this report as required by Chapter 620, Florida Statutes

CITY - ST - ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STREET ADDRESS

CITY-ST-ZIP

MICHAEL D. YOUNG, REG. AGENT

407-290-3000

Daytime Phone #