EMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

[

## **FILED**

DOCUI 1. Entity Name SAMHALL		J2834		Secretary of State
Principal Place of Business 4251 - 42ND AVENUE SOUTH ST. PETERSBURG, FL 33711		Mailing Address 4251 - 42ND AVENUE ST. PETERSBURG, FL		
2. Principal Pl	ace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005 Chg-LP CR2E003 (10/03)
City & State	>	City & State		4. FEI Number Applied For 59-3547685 Not Applied be
Zìp	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	5. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
DALIALI S	RAHALL, SAM G			· · · · · · · · · · · · · · · · · · ·
4251 - 42N	D AVENÜE SOUTH RSBURG, FL 33711		Street Addres	ss (P.O. Box Number is Not Acceptable)
	,		City	FL Zīp Code
8. The above	named entity submits this statemen	nt for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligati SIGNATURE -	ons of registered agent.	•		
SIGIVATORE -	Signature, typed or printed hame of registered a	gent and title if applicable		DATE
9. Capital Cor as Shown o	ntributions \$5,000,000.00	10. Amount of Capit in FLORIDA to c		
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS ET MAY NOT be changed on t	NTITY MUST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.	GENERAL PART	NER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT#	DALIALI CAMO		STREET ADDRESS	
NAMI' STREET ADDRESS CITY-ST-ZIP	RAHALL, SAM G 4251 - 42ND AVENUE SOUT ST. PETERSBURG, FL 3371		CITY-ST-ZIP	<u> </u>
DOCUMENT #	GI. FEIEROBURG, I'L SOIT	724	STREET ADDRESS	U00000363482
NAME STREET ADDRESS CITY-ST-ZIP			CITY ST-ZIP	CON CONCENTRATION SEE SEE SE
DOCUMENT #		<del>- 3</del>	STREET ADDRESS	
STREET ADDRESS			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS City+St-Zip			CITY-SY-ZIP	
SOCUMENT #			STREET ADDRESS	
STREET ADDRESS ( CITY-ST-ZIP			CITY-SI-ZIP	
DOCUMENT#			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			. City-St-Zip	*
I* indicated	pertify that the information supplied on this report is true and accurate er or trustee empowered to execut	and that my signature shall have	the same legal effect as:	Section f19.07(3)(f), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership of