2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TERE

CHECK

SIGNATURE:

FILED DOCUMENT # A99000002234 MARTINEZ FAMILY PARTNERSHIP, LTD. 05 MAY 25 PH 12: 39 SECRETARY OF STATE FALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1395 NORTH COURTENAY PARKWAY 1395 NORTH COURTENAY PARKWAY **STE 200** STE 200 MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 04072005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 11-3645060 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 MARTINEZ, ARMANDO O Street Address (P.O. Box Number is Not Acceptable) 1395 NORTH COURTENAY PARKWAY **STE 200** MERRITT ISLAND, FL 32953 City 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 little if applicable. DATE 10. Amount of Capital Contributions in FLORIDA to date. \$68,762. 9. Capital Contributions \$5,000.00 \$1,009.25 as Shown on record. 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. 13. DOCUMENT # STREET ADDRESS NAME MARTINEZ, ARMANDO O STREET ADDRESS 1395 NORTH COURTENAY PARKWAY CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND, FL 32953 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 400055320944 CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ 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-ZIP 14. I hereby certify that the information supplied with this filling 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