

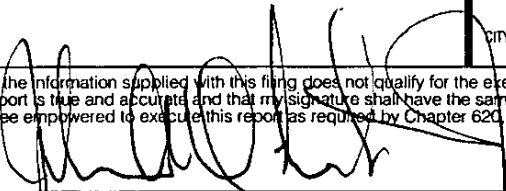


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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| DOCUMENT # B0400000270 1. Entity Name JENSEN BEACH @ ROUTE 1, LLLP LTD | | | |  | |
| Principal Place of Business 4007-F NORBECK ROAD ROCKVILLE, MD 20853 | | Mailing Address 4007-F NORBECK ROAD ROCKVILLE, MD 20853 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 01292005 Chg-LP CR2E003 (10/03) | |
| Zip | | Country | | 4. FEI Number 51-0505909 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent THURLOW, THOMAS H JR 17 MARTIN LUTHER KING JR. BOULEVARD SUITE 200 STUART, FL 34994 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$4,500,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$ 2,406,699.00 | | | |
| 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. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | DISALVATORE, JOHN A 4007-F NORBECK ROAD ROCKVILLE, MD 20853 | | STREET ADDRESS CITY-ST-ZIP | 500046850745 02/18/05--01004--017 **S26 25 | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STEWART, JAN L 3413 OLANWOOD CT., #203 OLNEY, MD 20832 | | STREET ADDRESS CITY-ST-ZIP | | |
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| 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 empowered to execute this report as required by Chapter 62D, Florida Statutes | | | | | |
| SIGNATURE:  | | | Date 1/29/05 | | Daytime Phone # 301-929-3000 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER John A. DiSalvatore, Jr. | | | | | |

STAPLE CHECK HERE