2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A0400001864 FILED 1. Entity Name 708 OSCEOLA LIMITED PARTNERSHIP 05 FEB 21 PM 3: 18 SEGFETANT OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 708 NORTH OSCEOLA AVENUE N19 W24130 RIVERWOOD DRIVE CLEARWATER, FL 33767 SUITE 100 WAUKESHA, WI 53188-1131 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 2 02112005 Chg-LP P Applied For City & State City & State 4 FELNumber 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 NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109-7874 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 title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 in FLORIDA to date. \$1,485,000 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. L04000085799 DOCUMENT # STREET ADDRESS OSCEOLA GP, LLC NAME STRÉET ADDRESS 240 BAYSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 337672503 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OOCUMENT.# STREET ADDRESS 9<u>99</u>047310783 STREET ADDRESS 02/25/05--01048--019 **526.25 CHY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Osceola CB, LLC

Michael Sweet Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: By:

262-522-8990