2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

		may 1, 2005	-		F 11	Ë fe		
DOCUMENT # A98000002924						SEC	RETAR	LEU Y OF STATE ORPORATIONS
1. Entity Name						DIAIZI	IN OF C	URPORATIONS
G.S.J., Ł1	TD.					ΛE μ	AD -	AUDITORS
						UD M	AK -9	AM 10: 06
Principal Plac	e of Business	Mailing Address	····		1			• •
1004 US HW	1004 US HWY 19, #202 P.O. BOX 1562				1.0			
HOLIDAY, FL	HOLIDAY, FL 34691 TARPON SPRINGS, FL 34				IALX			
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2. Principal Place of Business 3. Mailing Address					- ' 			
1004 US HWY 19						NRI IBNI TBNI BYYL BY		mim tiffin ilæit stælett et mert
Suite, Apt. #, etc. Suite. Apt. #, etc.					02112005 Chg-LP CR2E003 (10/03)			003 (10/03)
SUITE#102A City & State City & State					4. FEI Number			Applied For
Holiday FI				59-3568697				Not Applicable
Zip 3-4.6-4	Country	Zip	Countr	гу	5. Certificate o	Status Desired	Ø	\$8.75 Additional
	6. Name and Address of Current	Registered Agent	l ⁻		7. Name and A	ddress of New I	Registered	Fee Required
or reason and Address of Carrent Hagastasea Again				Name				
	& UTRERA, P.A.		Street Address (P.O. Box Number is Not Acceptable)					
	RIA AVENUE ABLES, FL 33134		Substitudiess (F.O. dux number is not Acceptable)					
				City			FL	Zip Code
8. The above	e named entity submits this statement f	or the purpose of changing its	registered	d office or registe	red agent, or both	, in the State of Fi		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 as Shown on record. \$10,000.00 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY								
DOCUMENT /	S31364	HINFORMATION				AUDHESS CH	IANGES ON	LY
NAME	2W'S, INC.			T ADDRESS \	U 400	S HW	Y 19.	SUITE 102A
STREET ADDRESS	1004 US HWY 19, SUITE 202		COY-	ST-ZIP		۲,		
CITY-ST-ZIP DOCUMENT #	HOLIDAY, FL 34691	····	-	——————————————————————————————————————	olida	~ +1	346	11
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NAME			21HEF	T ADDRESS			·	
STREET ADDRESS CITY-ST-ZP			CITY-	ST-ZP				. —
	f. Certify that the information supplied with	h this filing does not qualify for	r the even	notion stated in C	ection 119 07/3Vi)	Florida Statutos	I further con	rtify that the information
14g 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 620, Florida Statutes								
1-80-								
SIGNATURE DUIS TOCK AM Augus New Periodo For JWS TIC. 2-1705 945-9400								
SIGNATURIS/AND TYPED OR PRINTED NAME OF SIGNATO SENERAL PARTINER Date Daysine Phone #								