


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A20023</b>					
1. Entity Name EXCHANGE BUILDING, LTD.					
Principal Place of Business 201 S. MONROE ST. SUITE 500 TALLAHASSEE, FL 32301			Mailing Address 201 S. MONROE ST. SUITE 500 TALLAHASSEE, FL 32301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, WILTON R 201 S. MONROE ST. SUITE 500 TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. \$4,800.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
	MILLER, WILTON R				
STREET ADDRESS	201 SOUTH MONROE STREET, SUITE 500		CITY ST ZIP		
	TALLAHASSEE, FL 32301				
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
SIGNATURE: <u>Wilton R. Miller</u>			April 12, 2005 (850) 222-8611		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone F		
WILTON R. MILLER					



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4. FEI Number 59-2606070 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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