2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
2005 APR 18 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1ST MOORE CR2E003 (10/04)

DOCUMENT # A97000002107

1. Entity Name
MELODY LANE PARTNERS, LTD.

Principal Place of Business	Mailing Address
350 MELODY LANE CASSELBERRY FL 32707	P.O. BOX 940877 MAITLAND FL 32794-0877

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-7106591 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIEFERDECKER, HOWARD A 1605 KING ARTHUR CIRCLE MAITLAND FL 32751	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 ____________________
Signature, typed or printed name of registered agent and title if applicable — DATE

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. $30,000.00

10. Amount of Capital Contributions 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 #	L28451	STREET ADDRESS	
NAME	SDP INVESTMENTS, INC.		
STREET ADDRESS	1605 KING ARTHUR CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	MAITLAND FL 32751		
DOCUMENT #	L79712	STREET ADDRESS	
NAME	SOS REALTY CORP.		
STREET ADDRESS	1605 KING ARTHUR CIRCLE	CITY-ST-ZIP	800054290328 05/11/05--01053--010 **290.75
CITY-ST-ZIP	MAITLAND FL 32751		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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 620, Florida Statutes

SIGNATURE: [signature] HOWARD SCHIEFERDECKER — 4/13/05 — (407) 702-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #