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

DOCUMENT # A000000000078

SIGNATURE: George W. Eager, Jr.

SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name 05 MAR -8 AM 8: 36 EAGER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address P.O. BOX 954 17251 N.E. 75 STREET WILLISTON, FL 32696 WILLISTON, FL 32696 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152005 CR2E003 (10/03) Chq-LP 4. FEI Number City & State City & State Applied For 65-0991212 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, MARTY Street Address (P.O. Box Number is Not Acceptable) 101 SOUTHWEST 3RD STREET BOND, ARNETT, PHELAN, SMITH & CRAGGS, PA OCALA, FL 34474 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 \$5,900,000.00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # P00000002126 STREET ADDRESS NAME EAGER INVESTMENTS, INC. STREET ADDRESS 17253 NE 75TH ST. CITY-ST-ZIP WILLISTON, FL 32696 CITY-ST-ZIP 900048399759 DOCUMENT # 03/15/05--01006--014 **526.25 STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St-7IP

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 it 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.

03-04-05:352-528-9309