2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

CITY-ST-ZIP

Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # A0000000140** WILKINSON FAMILY LIMITED PARTNERSHIP Mailing Address Principal Place of Business 3805 72ND TERRACE EAST 3805 72ND TERRACE EAST SARASOTA, FL 34243 SARASOTA, FL 34243 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #. etc Suite, Apt. #, etc. 04022005 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 31-1675543 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKINSON, KATHLEEN T Street Address (P.O. Box Number is Not Acceptable) 3805 72ND TERRACE EAST SARASOTA, FL 34243 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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$1,983,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT# P97000048844 STREET ADDRESS INQUEST, INC. NAME STREET ADDRESS 33755 SR 70 E CITY ST-ZIP CITY-ST-ZIP MYAKKA CITY, FL 34251 DOCUMENT # L99000009264 STREET ADDRESS NAME KTW, LLC STREET ADDRESS 3805 72ND TERRACE EAST CITY - ST - ZIP CITY-ST-ZIP SARASOTA, FL 34243 DOCUMENT # STREET ADDRESS NAME 000000313402 04/18/05-80125-002 **5**35.00 STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREETMADORESS City-St-7/P CMY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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)(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 eath, 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

FILED