2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 APR 25 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000312

1. Entity Name
GENESIS CUSTOM HOMES, LTD.

Principal Place of Business
2100 TRADE CENTER WAY, SUITE D
NAPLES, FL 34109

Mailing Address
2100 TRADE CENTER WAY, SUITE D
NAPLES, FL 34109

01052005 Chg-LP CR2E003 (10/03)

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
65-1023838
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUSUMANO, PATSY
2100 TRADE CENTER WAY, SUITE D
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name KENT A SKRIVAN
Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DR
SUITE 705
City NAPLES FL Zip Code 34108

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] 4/21/05
Signature, typed or printed name of registered agent and title if applicable — DATE

9. Capital Contributions as Shown on record. $1,335,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,335,000

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 #	P00000011685	STREET ADDRESS	
NAME	GENESIS CUSTOME HOMES OF SOUTHWEST FL,INC.		
STREET ADDRESS	2100 TRADE CENTER WAY, SUITE D	CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES, FL 34109		
DOCUMENT #		STREET ADDRESS	100005434922 1 05/13/05--01003--017 **526.25
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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] 1.13.05 239.594.7985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #