2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

FILED **DUE BY MAY 1, 2005** Feb 28, 2005 08:00 AM DOCUMENT # A0000000560 **Secretary of State** TURNBERRY WOODS AT THE STRAND LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 4770 ALBERTON COURT, #2602 NAPLES FL 34105 4770 ALBERTON COURT, #2602 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E003 (10/04) 1ST MOORE City & State City & State 4. FEI Number Applied For 59-3635503 Not Applicable Zin Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama BATEMAN & MARTIN DEVELOPMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 4770 ALBERTON COURT, #2602 NAPLES FL 34105 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 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$600,000.00 \$600,000.00 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 13. ADDRESS CHANGES ONLY P98000101421 DOCUMENT # STREET ADDRESS BATEMAN & MARTIN DEVELOPMENTS, INC. NAME 4770 ALBERTON COURT, #2602 STREET ADDRESS C-IY-SI-ZIP CITY - ST - ZIP NAPLES FL 34105 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY-51-71P DOCCMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-S1 7/P CITY-ST ZIP

14. Thereby certify that the information supplied with this filling 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 empoyed to produce this report as required by Chapter 620, Florida Statutes

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STREET ADDRESS

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CITY#ST-ZIP

NAME STREET ADDRESS