
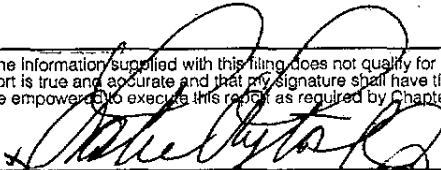


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

|   |                      |                               |   |   |  |
|---|----------------------|-------------------------------|---|---|--|
| <b>DOCUMENT # A00000000585</b><br>1. Entity Name<br>THE LYTAL FAMILY LIMITED PARTNERSHIP  |                      |                               |   |                                  |  |
| Principal Place of Business<br>1030 SEA ACRES WAY<br>JUNO BEACH, FL 33048   |                      |                               | Mailing Address<br>1030 SEA ACRES WAY<br>JUNO BEACH, FL 33048 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                      |                               | 3. Mailing Address<br>Suite, Apt. #, etc.                     |   |  |
| City & State  |                      |                               | City & State  |   |  |
| Zip   |                      | Country                       |   | 4. FEI Number<br>65-0991997   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                      | Applied For<br>Not Applicable |   |   |  |
| 6. Name and Address of Current Registered Agent<br>LYTAL, LAKE JR.<br>1030 SEA ACRES WAY<br>JUNO BEACH, FL 33048  |                      |                               |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |                      |                               |   | FL Zip Code   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable</small>  |                      |                               |   |   |  |
| 9. Capital Contributions as Shown on record. \$100,000.00   |                      |                               | 10. Amount of Capital Contributions in FLORIDA to date.       |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                      |                               |   |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |                      |                               | <b>13. ADDRESS CHANGES ONLY</b>                               |   |  |
| DOCUMENT #  | NAME                 |                               | STREET ADDRESS  |   |  |
| NAME  | LYTAL, LAKE JR.      |                               | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  | 1030 SEA ACRES WAY   |                               | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP   | JUNO BEACH, FL 33048 |                               | CITY-ST-ZIP   |   |  |
| DOCUMENT #  | NAME                 |                               | STREET ADDRESS  |   |  |
| NAME  | LYTAL, SUSAN         |                               | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  | 1030 SEA ACRES WAY   |                               | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP   | JUNO BEACH, FL 33048 |                               | CITY-ST-ZIP   |   |  |
| DOCUMENT #  | NAME                 |                               | STREET ADDRESS  |   |  |
| NAME  |                      |                               | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                      |                               | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP   |                      |                               | CITY-ST-ZIP   |   |  |
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| NAME  |                      |                               | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                      |                               | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP   |                      |                               | CITY-ST-ZIP   |   |  |
| DOCUMENT #  | NAME                 |                               | STREET ADDRESS  |   |  |
| NAME  |                      |                               | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                      |                               | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP   |                      |                               | 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 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:   |                      |                               | Date: 4/30/05 Daytime Phone #: 561 820 2200                   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER<br>Lake Lytal Jr.  |                      |                               |   |   |  |

STAPLE CHECK HERE