2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF COPPORATIONS

Principal Plac 1512 S.W. 5 0CALA, FL 3 2. Principal P 1512 Suite, Apt. City & State Ocala Zip	e of Business TH AVENUE 14478 Place of Business SW 5th Avenue #. etc. e a, FL Country	A REAL PROPERTY OF THE PROPERT		oltry	05262005 4. FEI Number 59-36422 5. Certificate of	05 MA Chg-LP 289	Y 3 A	PORATIONS AMII: 16 (10/03) Applied For Not Applicable 3.75 Additional
34474		34478-1688	Ma	rion			Fe	e Required
6. Name and Address of Current Registered Agent HUNTER, ELLIS B 1512 S.W. 5TH AVENUE OCALA, FL 34478				7. Name and Address of New Registered Agent Name J. Marshall Hunter Street Address (P.O. Box Number is Not Acceptable) 1512 SW 5th Avenue City Occles 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 the obligations at registered agent. SIGNATURE Signature, types or punted name of registered agent and bille diapplicable. DATE							34474 nillar with, and accept	
as Shown	on record. \$1,250,000.00 A GENERAL PARTNER T	UST BE REGIS	TERED AND AC	prior notice.	SOFFICE	7.193(2)(b), F.S., id not receive the		
	NOTE: General Partners MA	e form	ı; an amendmeı	nt must be filed	to change a ge	neral partn	er.	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER HUNTER, ELLIS B TRUSTEE 1512 S.W. 5TH AVENUE OCALA, FL 34478	INFORMATION		-S1-ZIP	21 06/1(ADDRESS CHA DDD56 3/050100	309	652 **526.25
DOCUMENT # NAME STREET ADDRESS	HUNTER, GLADYS M TRUSTEE 1512 S.W. 5TH AVENUE			EET ADDRESS	045424 Sphi01-801/**25452			
CITY-ST-ZIP	-SI-ZIP OCALA, FL 34478			-21-ZIP				
DOCUMENT A NAME STREET ADDRESS CHY-ST-ZIP	JAMES MARSHALL HUNTER 1512 S.W. 5TH AVENUE OCALA, FL 34478			-S1-ZIP				
DOCUMENT • NAME STREET ADDRESS				ET ADDRESS				
Crty-St-ZIP			CITY	-\$1-ZIP				
DOCUMENT #			SIRE	ET ADORESS				
STREET ADDRESS CHY-SI-ZIP			CITY	- 51 - ZIP				-
DOCUMENT #			STRE	ET ADDRESS				
STREET ADDRESS CITY+ST-ZIP				-ST-ZIP				
14. I heleby 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								