2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

wwo

NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

SIGNATURE:

FILED Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # A0000000843 RODRIGUEZ-VIERA INVESTMENTS, LTD. Principal Place of Business Mailing Address 1820 43RD AVENUE, SUITE 2 1820 43RD AVENUE, SUITE 2 VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01262005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 65-1011013 Not Applicable Zip Country Zip 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 Name GARRIS, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963 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. Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,500,000.00 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 13 P00000050588 DOCUMENT # STREET ADDRESS NAME RODRIGUEZ-VIERA MANAGEMENT CO., INC. STREET ADDRESS 1820 43RD AVENUE, SUITE 2 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32960 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS NAME ######## STREET ADDRESS 04/18/05-80130-021 150.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT: STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information specified 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 empowered to execute this report as required by Chapter 620, Florida Statutes.