2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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CAECK

2005 APR 25 PM 12: 25 **DOCUMENT # A00000000877** SECRETARY OF STATE TALLAHASSEE, FLORIDA RIVERWALK PLAZA, LTD. Mailing Address Principal Place of Business 5111 RIDGEWOOD AVE., SUITE 300 P.O. BOX 238071 PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 59-3652732 Not Applicable Country Zio Country Zip \$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. CLARK, ANDREW D Street Address (P.O. 8ex Number is Not Acceptable) 5111 RIDGEWOOD AVE., SUITE 300 PORT ORANGE, FL 32127 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 ANDREW CLARK SIGNATURE Signature 10. Amount of Capital Contributions 9. Capital Contributions \$9,900.00 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 DOCUMENT # STREET ADORESS HARF CLARK PROPERTIES CORPORATION STREET ADDRESS 5111 RIDGEWOOD AVE., SUITE 300 CITY-ST-ZIE CDY-SI-7/2 PORT ORANGE, FL 32127 DOCUMENT # STREET ADDRESS STREE! ADDRESS 300054351903 05/13/05--01005--013 \*\*158,05 CITY-ST-ZIP CITY-ST-TIP DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CITY-ST-7/2 CITY-SI-ZIP **∂OCUMENT** # STREET ADDRESS 2005 MAN 1 144 A STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE **DOCUMENT ₹** STREET ADDRESS SASASI STREET ADDRESS CITY+SI-ZIP 73TY-ST-7IP 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 empty ered to execute this report as required by Chapter 620, Florida Statutes. 386-763-2280 ANDREW Clark 7-05 SIGNATURE: 🔑

FILED

Daytime Phone #