2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

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STAPLE CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 08, 2005 08:00 AM DOCUMENT # A0000000924 **Secretary of State** POINCIANA AND MCLANE, LTD., LLLP Principal Place of Business Mailing Address 1900 SUMMIT TOWER BLVD., SUITE 130 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 59-3650545 Not Applicable Zip Country Zin 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 PRICE, PAMELA O ESO. 301 EAST PINE STREET, SUITE 1400 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL. 32801 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 Tr. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions **\$20,000,000.00** 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 12. ADDRESS CHANGES ONLY DOCUMENT # P94000077938 STREET ADDRESS MARKAY MANAGEMENT, INC. MAME STREET ADDRESS 1900 SUMMIT TOWER BLVD., SUITE 130 CITY-ST-7/P CITY ST-ZIP ORLANDO FL 32810 DOCUMENT # F00000001284 11000000220004 STREET ADDRESS CANDYMAN CAN PRODUCTIONS, INC. NAME 02/08/05-80050-009 526.25 STREET ADDRESS 1900 SUMMIT TOWER BLVD., SUITE 130 CUY-ST-71P CITY-ST-ZIP ORLANDO FL 32810 DOCHMENT # STREET ADDRESS NAME STREET ANDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST- ZIP CITY-ST-ZIP 14. Thereby 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

for PAM, LLLP 1/31/05

FILED