2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

IGNATURE AND TYPED OR PRINTED NAME OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A00000000977** SIMONTON ROW, LTD. 05 FEB 24 AM 10: 49 Principal Place of Business Mailing Address 110 SIMONTON ST 110 SIMONTON ST KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business 3. Mailing Address 1109 Easton 54. 1109 60 Suite, Apt. #, etc. Suite, Apt. #, etc. 02182005 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For City & State 65-1016618 Not Applicable Country \$8.75 Additional ΰŚΑ യ്ടA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOHATCH, JOHN S Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS RD **PENTHOUSE 8** CORAL GABLES, FL 33040 City Zip Code FL 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 Signature. Hyped or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$50,000.00 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. P00000058165 DOCUMENT # STREET ADDRESS SWEETLIGHT INC 110 SIMONTON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST, FL 33040 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ŋŋŋŋ47977180 DOCUMENT # STREET ADDRESS 03/09/05--01003--005 **350.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP TY-ST-5P I hereby 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 empowered to execute this report as required by Chapter 620, Florida Statutes **SIGNATURE:**