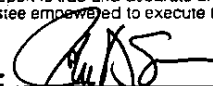


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL -1 AM 9:04

<b>DOCUMENT # A00000001325</b> 1. Entity Name <b>CLEARVIEW TELEPLACE TAMPA, LTD.</b>					
Principal Place of Business <b>6700 CITICORP DRIVE TAMPA, FL 33619</b>			Mailing Address <b>2311 CEDAR SPRINGS RD., SUITE 100 DALLAS, TX 75201</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>75-2899802</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FROST, JEFFREY M ESQ 255 EVERNIA STREET SUITE 904 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$5,248,783.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$5,248,783.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M00000001713		STREET ADDRESS		
NAME	CLEARVIEW TELEPLACE TAMPA, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	2311 CEDAR SPRINGS RD., #100				
CITY-ST-ZIP	DALLAS, TX 75201				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby 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					
<b>SIGNATURE:</b> 			<b>Vice President/Secretary, John Stelzer 06/30/2005 214.855.0550</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE