

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

| | | | | | |
|---|-------------------------------------|---------------------|--|---|--|
| DOCUMENT # A00000001376 1. Entity Name QUAIL HOLLOW INVESTMENT GROUP, LTD. | | | |  | |
| Principal Place of Business 1917 HARRISON ST. SUITE 100 HOLLYWOOD, FL 33020 | | | Mailing Address 1917 HARRISON ST. SUITE 100 HOLLYWOOD, FL 33020 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RJ PROPERTY GROUP, INC 1917 HARRISON ST., #100 HOLLYWOOD, FL 33020 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributor as Shown on record. \$1,450,000.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. 1,450,000.00 | | |
| 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 # | P00000084298 | | STREET ADDRESS | | |
| NAME | QUAIL HOLLOW INVESTMENT GROUP, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 1917 HARRISON ST., #100 | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
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| 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 | | | | | |
| SIGNATURE:  | | | 4/26/05 984.923.9575 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date Daytime Phone # | | |

FILED
 05 APR 29 PM 5:56 '05
 SECRETARY OF STATE, FLORIDA
 TALLAHASSEE, FLORIDA



04222005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1037705 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE