2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A0000001655** 1. Entity Name BARIL PARTNERS LIMITED PARTNERSHIP 05 MAR 24 AM 9: 11 Principal Place of Business Mailing Address 3094 MARCUS POINTE BLVD 3094 MARCUS POINTE BLVD PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business 3. Mailing Address 3000 UNGEY AUE 3000 UNGEY Suite, Apt. #, etc. 02052005 Chg-LP CR2E003 (10/03) JUITE 200 City & State City & State Applied For 4. FEI Number FL PENSACOLA PENSACOLA 59-3680052 Not Applicable Country USA Country Zip 32504 \$8.75 Additional 5. Certificate of Status Desired 32504 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Charles L. Hoffman, Jr., Esq. BARIL, KATHLEEN M Street Address (P.O. Box Number is Not Acceptable) 226 Palafox Place, Ninth Floor 3094 MARCUS POINTE BLVD PENSACOLA, FL 32505 City Pensacola 8. The above named entity submits and sement 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 ag SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$1,945,000,00 in FLORIDA to date. 1,726,000 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P00000093985 DOCUMENT # STREET ADDRESS 3000 LANGLEY AUE - SUITE 200 NAME RTB OF PENSACOLA INC STREET ADDRESS 3094 MARCUS POINTE BLVD CITY-ST-ZIP PENSACOLA FL 32504 PENSACOLA, FL CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-7IP CITY-ST-ZiP DOCUMENT # * 300049556103 03/31/05-01007-024-**526,25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS ME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I he be 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 SCOT BARIL RTB OF PENSACOLA, INC IT'S PRESIDENT SIGNATURE: