2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Session Central Avenue St. Peterssburg, Fl. 33707 2. Principal Place of Business Suite, Apt. #, etc. City & State Country Service Address of Status Desired Reactived Fee Required Fee Required Fee Required Fee Required Fee Required Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) 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 act the obligations of registered agent. SIGNATURE Signature, hyeld or private famor of regional agent and site if appointed agent	DOCUMENT # A0000001737 1. Entity Name DESTIN PARTNERSHIP #2, LTD.			05 APR 29 TALLA BLARY O	ED PM 5:32
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Cortificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 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 act the obligations of registered agent. SiGNATURE Superure, hybrid or proved name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. 356,707.80 10. Amount of Capital Contributions in PLORIDA to date. ONTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / PB8000004274 DESTIN RETAIL, INC. SIRET ADDRESS SIRET AD	CENTRAL AVENUE	P.O. BOX 41847	. 33743-1847	-anassée,	FLORIDA
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 act the obligations of registered agent. 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 act the obligations of registered agent. 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 act the obligations of registered agent. 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 act the obligations of registered agent. 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 act the obligations of registered agent. 9. Capital Contributions as \$56,707.80 10. Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions as \$56,707.80 10. Amount of Capital Contributions in FLORIDA to date. 11. AGENERAL 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 14. DOCUMENT ADDRESS CHANGES ONLY 15. DOCUMENT ADDRESS CHANGES ONLY 16. STREET ADDRESS CHANGES ONLY 17. STREET ADDRESS CHANGES OF AGENT ADDRESS CHANGES ONLY 18. STREET ADDRESS CHANGES ONLY	r & State	City & State		l .	Applied For Not Applicable
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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 informal 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 partners the receiver or trustee empowered to execute his report as required by Chapter 620, Florida Statutes	dicated on this report is true and accurat	accurate and that my signature shall hav	ve the same legal effect as if	made under oath; that I am a General Partner	certify that the information of the limited partnership or
SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Devine Prove	NATURE:	AND THEN OR REINTED MAME OF SIGNING CEM	ERAI PARTNER	<u>``_\\\</u>	727-384-6000