2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # A00000002036** DYAL FAMILY PARTNERSHIP NO. 1, LTD. Principal Place of Business Mailing Address 13883 S.W. COUNTY ROAD 231 13883 S.W. COUNTY ROAD 231 BROOKER, FL 32622 BROOKER, FL 32622 2. Principal Place of Business 3. Mailing Address Suite, Apt # etc Suite, Apt. #, etc. 01132005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 01-0656787 Not Applicable Ζip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, JAMES J JR. Street Address (P.O. Box Number is Not Acceptable) C/O TAYLOR & TAYLOR, P.A. 420 SOUTH LAWRENCE BLVD. KEYSTONE HEIGHTS, FL 32656 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$676,781.00 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 12. ADDRESS CHANGES ONLY 13. P00000077243 DOCUMENT# STREET ADDRESS NAME DOUBLE D ENTERPRISES OF BRADFORD CNTY INC. STREET ADDRESS 13883 S.W. COUNTY ROAD 231 CITY-ST-ZIP CITY-ST-ZIP BROOKER, FL 32622 DOCUMENT# STREET ADDRESS NAME U00000333473 STREET ADDRESS CITY-ST-ZIP 04/27/05-80005-024 526.25 CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-SY-ZUP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS

14. 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

Lloyd LDyal Pref.

GRING GENERAL PARTNER

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