2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

1. Entit	y Name		# A010 LDINGS, L	000004 .td.	76 ·			)	* [ * , ] = .		45		
Principa	Principal Place of Business Mailing Address							_					
301 SC		KE STREE			301 SOUTH LAKE STREET LEESBURG, FL 34748			SEC TALL	RETARY ( AHASSEE	or Stat JELORI	ÖΛ		
2. Princ	cipal Pla	ce of Busin	ess		3. Mailing Address								
Suite	e, Apt. #,	etc.			Suite, Apt. #, etc.			04252005	Chg-LP	CR2E	003 (10/03)		
City	City & State				City & State			4. FEI Number 01-06764	451		Applied Not Ap	d For	
Zip	Zip Country				Zip	Cou	ntry	5. Certificate of			\$8.75 Addition Fee Required	<del></del>	
		6. Name	and Address	of Current Reg	jistered Agent			7. Name and A	ddress of New I	Registered_	Agent		
JACO	JACOBSON, STEWART							Name					
950 S	950 S. FEDERAL HWY. HOLLYWOOD, FL 33020							Street Address (P.O. Box Number is Not Acceptable)					
							City				Zip Code		
			<del> </del>		<del></del>		<u> </u>			FL	<u> </u>		
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 the obligations of registered agent.											familiar with, and	accept	
SIGNA	NATURE Signature, typed or printed name of registered agent and title if applicable.									DATE		_	
	9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital C in FLORIDA to date.							.25					
		A C	SENERAL P	ARTNER THA	T IS A BUSINI	ESS ENTITY N	JUST BE REGI	STERED AND AC	TIVE WITH T	HIS OFFIC	Ε.		
12.4		NOTE		AL PARTNER IN		13		ent must be filed	ADDRESS CH				
DOCÉMEN		0000000		IOI DING GO		ST	REET ADDRESS						
\$TREET AC	WE INTERCOMMUNITY HOLDING C REET ADDRESS 301 SOUTH LAKE STREET TY-ST-ZIP LEESBURG, FL 34748				, L.L.O.	CIT	Y-\$T-Z#P	,					
	DOCUMENT / NAME					SH	REET ADDRESS						
STREET AL	TREET ADDRESS ITY-ST-ZIP						Y-\$T- <i>Z</i> IP	500054492315 05/13/0501016007 **380_11					
DOCUMEN NAME	<b>√1</b> #	•				sπ	REET ADDRESS			u uur		<u>.                                    </u>	
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DOCUMEN NAME						sп	REET ADDRESS	-					
STREET AC	- 1					CIT	Y-ST-ZIP				12		
CITY-ST- OOCUMEN NAME STREET AL	OCCUMENT /						REET ADDRESS	$^{\prime\prime}\gamma$					
	- 1				<del></del>	сп	Y-ST-ZIP			*	ho, ch		
STAPLE NAME	u •					STI	REET ADDRESS						
STREET AL CITY+ST-	ZIP				<u> </u>		Y-ST-ZIP						
	ereby ce dicated o receive		e information s rt is true and a empoyered to	supplied with thi coerate and that prescure this re	s filing does not on the street of the stree	qualify for the exhall have the san by Chapter 620		Section 119.07(3)(i), f made under oath; t	Florida Statutes that I am a Gener	i. I further ce ral Partner o	rtify that the inform if the limited partn	nation lership or	
3.3		/ I l l l l l l l l l l l l l l l l l l	SIGNATURE	AND TYPED OR PRI	NTED NAME OF SIGNS	ING GENERAL PARTI			Jano / 1	<b>-</b>	Daytime Phone #		