2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED
Jan 25, 2005 08:00 AM
Secretary of State

| DOCUMENT # A0100000582 1. Entity Name AC ENTERPRISES, LTD. | | | | | Secretary of State | | | |
|--|---|--|---------------------------------------|---|--|--|--|--|
| Principal Place of Business 18767 BISCAYNE BLVD. MIAMI, FL 33180 | | Mailing Address 18767 BISCAYNE BLVD. MIAMI, FL 33180 | | * (###### 1#() | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | |
| Surte, Apt. #, etc. | | Suite, Apt. #, etc. | Surte, Apt. #, etc. | | 01042005 | Chg-LP | CR2E003 (10/03) | |
| City & State | | City & State | | | 4. FEI Number 65-1098 | | Applied For Not Applicable | |
| Zip | Country | Zip | Coun | try | | of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | |
| BOCA CO | M & W AGENTS, INC. BOCA CORPORATE CENTER 2101 CORPORATE BLVD., SUITE 107 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | TON, FL 33431 | | | | | | | |
| | | | | City | | | FL Zip Code | |
| | named entity submits this stateme tions of registered agent. | nt for the purpose of changing | its register | ed office or register | red agent, or both | n, in the State of Fl | orida. I am familiar with, and accept | |
| SIGNATURE | | | | | | | DATE | |
| 9. Capital Contributions as Shown on record. \$2,000,000.00 In FLORIDA to data | | | | outions | <u> </u> | | | |
| | | R THAT IS A BUSINESS E MAY NOT be changed on | | | | | | |
| 12. | GENERAL PARTNER INFORMATION | | | | ADDRESS CHANGES ONLY | | | |
| DOCUMENT # NAME | ABCO HOLDINGS, INC. | | STRE | ET ADDRESS | | unono | 0196554 -80076-003 526.25 | |
| STREET ADDRESS CITY-ST-ZIP | 18767 BISCAYNE BLVD. MIAMI, FL 33180 | | CUA | -87-2IP | | 01/26/05 | -80076-003 525.25 | |
| DOCUMENT # NAME | | | STRE | EET ADDRESS | | | | |
| STREET ADDRESS | } | | спу | '-ST-ZIP | | | | |
| DOCUMENT # | | | STRE | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | |
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| STREET ADDRESS | , | | GITY | -ST-ZIP | | | | |
| DOCUMENT / | | | STR | EET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | <u></u> | CITY | -ST-ZIP | | | | |
| 14. I hereby indicate the rece | certify that the information supplied d on this report is true and accurate iver or trustee empowered to execu- | with this filing does not qualify and that my signature shall ha te the report as required by Ch | for the exerve the sam napter 620, | emption stated in S e legal effect as if I Florida Statutes | ection 119.07(3)(i made under oath: |), Florida Statutes that I am a Gener | . I further certify that the information ral Partner of the limited partnership of | |