2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 2005 MAY -5 PM 2: 27 **DOCUMENT # A01000000914** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name
GREATER LIMITED PARTNERSHIP Principal Place of Business Mailing Address 7836 W. IRLO BRONSON MEMORIAL HIGHWAY 7836 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747 KISSIMMEE, FL 34747 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 CR2E003 (10/03) Applied For City & State 4. FEI Number City & State 52-2345322 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CHEN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 7836 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747 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 10. Amount of Capital Contributions 9. Capital Contributions \$1,000,000.00 in FLORIDA to date. 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 filled to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P99000073284 DOCUMENT # STREET ADORESS FORMOSA OF CENTRAL FLORIDA, INC. 7836 W. IRLO BRONSON MEMORIAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY ST ZIP KISSIMMEE, FL 34747 DOCUMENT # STREET ADORESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP -200054690832 05/17/05--01071--005 **1010.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY SI ZIP 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 information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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

SIGNATURE: