2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Mar 23, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # A0100000	J1524	į			ary or State
Principal Plac 1551 SANDS MAITLAND, F	PUR ROAD	Mailing Address P.O. BOX 4961 ORLANDO, FL 32802	2-4961			
2. Principal P	lace of Business	3. Mailing Address		<u></u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	003 (10/03)	
City & State		City & State		4. FEI Number	Applied For	
Zip Country		Zip Country		try	59-3761032 5. Certificate of Status Desired □	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE.				Name Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1100 ORLANDO, FL. 32801					y-	
Chembol's E debot				City	FL	Zip Code
	named entity submits this statement	for the purpose of changing it	ts registere	ed office or register	red agent, or both, in the State of Florida. I am	
SIGNATURE						
9. Capital Cor	Signature, typed or grinled name of registered ago	ent and title if applicable. 10. Amount of Cap	ital Contrib	outions	DATE DATE	
as Shown o		in FLORIDA to				
	NOTE: General Partners in	MAY NOT be changed on	the form		TERED AND ACTIVE WITH THIS OFFIC It must be filed to change a general pa	rtner.
DOCUMENT#	GENERAL PARTN	IER INFORMATION	13.	ET ADDRESS	ADDRESS CHANGES ON	LY
NAME STREET ADDRESS CITY-ST-ZIP	VANDERBILT PLACE, L.L.C. 1551 SANDSPUR ROAD			ST-ZIP		
DOCUMENT #	MAITLAND, FL 32751		STREE	ET ADDRESS	U0000027409	4
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST- ZIP	83/23/05-80056	-003 141.25 -
DOCUMENT #			STREE	ET ADDRESS		
STREET ADDRESS City-St-Zip			CITY-	ST-ZIP		
DOCUMENT # NAME			STREE	ET ADDRESS		
STREET ADDRESS City - St - Zip			CITY -	ST-ZIP		
DOCUMENT # NAME		· · · · · · · · · · · · · · · · · · ·	STREE	ET ADDRESS		·
STREET ADORESS CITY - ST - ZIP			CITY	ST-ZIP	Ac	
DOCUMENT # KAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
14. I hereby c indicated the receive	ertify that the information supplied won this report is true and accurate are or trustee empowered to execute BY VANDERBLET	ith this filling does not qualify for not that my signature shall have this report as required by Char	or the exen the same pter 620, F	nption stated in Ser legal effect as if m forida Statutes	ction 119.07(3)(i), Florida Statutes. I further cer lade under cath, that i am a General Partner of	tify that the information the limited partnership or
SIGNAT	URE:	OR PRINTED NAME OF SIGNING GENER	ر دــــــــــــــــــــــــــــــــــ		3/9/05 407	741-8502) aytime Phone #