2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

| | Due by | May 1, 2003 | | <u></u> | | |
|---|--|---|---|---|---|--|
| DOCUI 1. Entity Nam CORECK | | 1618 | | | LED 2 AM 9:32 | |
| Principal Place of Business Mailing Address | | | | SECRETAR | RY OF STATE | |
| 21301 POWERLINE ROAD, SUITE 312 21301 POWERLINE ROAD BOCA RATON, FL 33433 BOCA RATON, FL 33433 | | | | | SEE, FLORIDA | |
| | | | 3 | | | |
| · | | | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | 1229 | | | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | 1001 | _ | | |
| outo, Apt. | r, 0.0. | outo, , p. 11, oto. | | 02252005 Chg-LP | CR2E003 (10/03) | |
| City & State | | City & State | TN | 4. FEI Number 90-0004031 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional | |
| | | 37839 | USA | | Fee Required | |
| | 6. Name and Address of Curren | t Registered Agent | Name | 7. Name and Address of New R | egistered Agent | |
| SHAPIRO, MICHAEL B ESQ. C/O SHAPIRO, DECTOR & PIAZZA, P.A. 7777 GLADES ROAD, SUITE 200 BOCA RATON, FL 33434 | | | | 0411(0.0.0.1) | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | |
| | | | City | | FL Zip Code | |
| 8. The above | named entity submits this statement I | for the purpose of changing its r | egistered office or regist | ered agent, or both, in the State of Fig | | |
| | tions of registered agent. | | | , | ··· | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. | | | DATE | |
| 9. Capital Co | ontributions can occ oc | 10. Amount of Capital | Contributions | | - | |
| as Shown | on record. \$10,000.00 | in FLORIDA to dat | e. | | | |
| | A GENERAL PARTNER | THAT IS A BUSINESS ENT | TTY MUST BE REGIS | STERED AND ACTIVE WITH TH | IS OFFICE. | |
| 12. | GENERAL PARTNE | | torm; an amendme | ent must be filed to change a go ADDRESS CHA | · · · · · · · · · · · · · · · · · · · | |
| DOCUMENT# | P01000117663 | | | 1.00.1.00 | | |
| NAME | CS ECK REALTY, INC. | | STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | 0 | | CITY-ST-ZIP | | | |
| DOCUMENT# | DOCA RATON, 1 E 33433 | | | | | |
| NAME | | | STREET ADDRESS | | | |
| STREET ADDRESS | | | CITY-ST-ZIP | · · · | | |
| DOCUMENT# | <u> </u> | | Olif Ol Ell | | | |
| NAME | i . | | GIT OF ZII | | | |
| 1 Marie | | | STREET ADDRESS | 60005420 | 12566 | |
| STREET ADDRESS | | | STREET ADDRESS | 50005420 05/10/0501033 | 02566 020 **158.75 | |
| STREET ADDRESS CITY-ST-ZIP | | | - | 60005420 05/10/0501033 |)2566 520 **158.75 | |
| STREET ADDRESS | | | STREET ADDRESS | 60005420 05/10/0501033 |)2566 ³²⁰ ** ^{158.75} | |
| STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS | | | STREET ADDRESS CITY-ST-ZIP STREET ADDRESS | 60005420 05/10/0501033 |)2566)20 **158.75 | |
| STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 60005420 05/10/0501033 |)2566)20 **158.75 | |
| STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # | | | STREET ADDRESS CITY-ST-ZIP STREET ADDRESS | 60005420 05/10/0501033 |)2566 _{520 **} 158.75 | |
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| STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME | | | STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | 60005420 05/10/0501033 |)2566 _{020 **} 158.75 | |
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| STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP STREET ADDRESS | 60005420 05/10/0501033 | 02566 | |
| STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DOCUMENT # NAME | | | STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP | 60005420 05/10/0501033 |)2566)20 **158.75 | |
| STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP 14. hereby c | certify that the information supplied with on this report is true and accurate an ver or trustee empowered to a secural | th this filing does not quality for d that my signature shall have the | STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | Section 119.07/3Vi). Florida Statutas. | further certify that the information | |
| STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby of indicated the received. | on this report is frue and accurate an ver or trustee empowered to execute the contract of the | d that my signature shall have the | STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | Section 119.07/3Vi). Florida Statutas. | further certily that the information of Partner of the limited partnership or | |
| STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby of indicated the received. SIGNAT | on this report is frue and accurate an ver or trustee empowered to execute the contract of the | d that my signature shall have the seport as regulared by Chapte | STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | Section 119.07/3Vi). Florida Statutas. | further certify that the information | |