2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK

SIGNATURE:

- Jan 21, 2005 08:00 AM **DOCUMENT # A01000001650 Secretary of State** JHP REAL ESTATE PARTNERSHIP, LTD. Principal Place of Business Mailing Address 9205 NORTH CONNECHUSETT ROAD 9205 NORTH CONNECHUSETT ROAD TAMPA, FL 33617 **TAMPA, FL 33617** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 CR2E003 (10/03) Chg-LP City & State Applied For City & State 4. FFI Number 80-0043679 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JHP MANAGEMENT, INC. 9205 NORTH CONNECHUSETT ROAD Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33617 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 registored agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,027,500.00 as Shown on record. in FLORIDA to date. 027,500 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 filed to change a general partner. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P01000116665 DOCUMENT # STREET ADDRESS JHP MANAGEMENT, INC. NAME 9205 NORTH CONNECHUSETT ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA, FL 33617 DOCUMENT # U000000187551 STREET ADDRESS NAME 81./24/05-90019-023 STREET ADDRESS CITY+ST-ZIP CITY - ST - ZIF DOCUMENT # STREET ADDRESS 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 CITY-ST-ZIP CITY - ST - ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 if 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

JHP MANAGEMENT, INC. by

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