2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

SIGNATURE:

FILED **DUE BY MAY 1, 2005** Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # A01221 1. Entity Name VIERCOCKEN Principal Place of Business Mailing Address 2220 PALMER STREET PO BOX 8285 PITTSBURGH PA 15218 2220 PALMER STREET PO BOX 8285 PITTSBURGH PA 15218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 25-6113714 Not Applicable Zip Country 7in Country \$8.75 Additional X. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARR, EARL DRAYTON, JR. Street Address (P.O. Box Number is Not Acceptable) 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950 City Zip Code FL 8. The above named entity stibraits 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 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or brinted name of registered agent and title it applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$110,000.00 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 filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12 13. DOCHMENT # STREET ADDRESS NAME CUDA, ELLEN B STREET ADDRESS P.O. BOX 567 CHTY-ST-ZIP CITY-ST-ZIP BOCA GRANDE FL 33921 DOCUMENT # STREET ADDRESS NAME U00000347348 04/30/05-80112-012 535.00 STREET ADDRESS City-St-7iP 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 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-51-71P DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-Si-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1). 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

NAME OF SIGNING GENERAL PARTNER

April 16, 2005