


**FILED****May 06, 2005 08:00 AM**  
**Secretary of State****2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

<b>DOCUMENT # A02000000675</b> 1. Entity Name <b>FUNDY HOLDINGS, LTD.</b>					
Principal Place of Business <b>1006 W PLEASANT ST.          AVON PARK, FL 33825</b>			Mailing Address <b>1006 W PLEASANT ST.          AVON PARK, FL 33825</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>22-3888033</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FUNDY MANAGEMENT LLC          1006 W PLEASANT ST          AVON PARK, FL 33825</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	1006 W PLEASANT ST		CITY-ST-ZIP		
CITY-ST-ZIP	AVON PARK, FL 33825		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
14. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <b>4/28/05</b> (863) 453-3121 <small>Daytime Phone #</small>		

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