
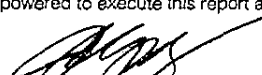


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000748			
1. Entity Name ALCOMA PROPERTIES, LTD.			
Principal Place of Business 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33853		Mailing Address P.O. BOX 231 LAKE WALES, FL 33853	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent UPDIKE, LAWRENCE C 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33853		4. FEI Number 03-0452440 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 title if applicable.</small>			
9. Capital Contributions as Shown on record. \$11,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$11,000,000.00	
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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000058007	STREET ADDRESS	
NAME	UPDIKE ENTERPRISES, INC.	CITY-ST-ZIP	000000236840 02/16/05-80005-016 526.25
STREET ADDRESS	68 MAMMOTH GROVE ROAD		
CITY-ST-ZIP	LAKE WALES, FL 338987330		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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			
SIGNATURE: 		JOHN C. UPDIKE, JR. 2/09/05 (863) 696-1487	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	