2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

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May 164 2005 08:00 AM Secretary of State **DOCUMENT # A02000001063** LINNA-VUORI II LIMITED PARTNERSHIP Principal Place of Business Mailing Address **5624 MONTANA AVENUE 5624 MONTANA AVENUE NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 02-0636038 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARRILLO, LOUIS I Street Address (P.O. Box Number is Not Acceptable) 5624 MONTANA AVENUE NEW PORT RICHEY, FL 34652 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Sgnature, typed or printed name of registered agent and little if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 as Shown on record,_ in FLORIDA to date. 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. ADDRESS CHANGES ONLY DOCUMENT# STREET ADDRESS PARRILLO, LOUIS I NAME STREET ADDRESS 5624 MONTANA AVENUE CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34652 DOCUMENT # STREET ADDRESS PERTTILA, KRISTIINA TUIJ A NAME STREET ADDRESS U00000367036 05/16/05-80018-008 141.25 **5624 MONTANA AVENUE** CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34652 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CTY AST- AP 14. I hereby 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

TOME OF SIGNING GENERAL PARTNER