

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001090</b>					
<b>1. Entity Name</b> FARMINGTON HILLS, LTD.					
<b>Principal Place of Business</b> 9633 HANDCART ROAD DADE CITY, FL 33525			<b>Mailing Address</b> 9633 HANDCART ROAD DADE CITY, FL 33525		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162005    Chg-LP    CR2E003 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 55-0790660	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small> _____					
<b>9. Capital Contributions as Shown on record.</b> \$1,200,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 1525,000		526.25	
<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 #	P02000084016		STREET ADDRESS		
NAME	FARMINGTON HILLS, INC.		CITY-ST-ZIP		
STREET ADDRESS	9633 HANDCART ROAD				
CITY-ST-ZIP	DADE CITY, FL 33525				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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STREET ADDRESS					
CITY-ST-ZIP					
<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 520, Florida Statutes</b>					
<b>SIGNATURE:</b> _____ <i>Thomas N. Longe</i>			3-30-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

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