
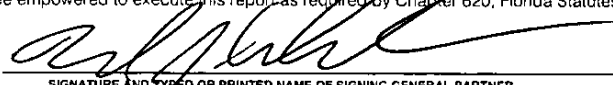


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

DOCUMENT # A02000001093			
1. Entity Name TOLL FT. MYERS LIMITED PARTNERSHIP			
Principal Place of Business 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006		Mailing Address 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006	
2. Principal Place of Business 250 Gibraltar Road Suite, Apt. #, etc.		3. Mailing Address 250 Gibraltar Road Suite, Apt. #, etc.	
City & State Horsham, PA		City & State Horsham, PA	
Zip 19044	Country Montgomery	Zip 19044	Country Montgomery
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE	
9. Capital Contributions as Shown on record. \$9,500.00		10. Amount of Capital Contributions in FLORIDA to date. \$9,500.00	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000082800 TOLL FL GP CORP. 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006	STREET ADDRESS CITY-ST-ZIP	250 Gibraltar Road Horsham, PA 19044
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS 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)(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			
SIGNATURE: 		Date: 4/07/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Daytime Phone #</small>	
Mark J. Warshauer, VP of Toll FL GP Corp., General Partner			

FILED
05 APR 29 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Handwritten initials

STAPLE CHECK HERE