2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	Due By I	May 1, 200)5 	_	_		5
	ENT # A02000001	093					F/I ~
1. Entity Name TOLL FT. MYERS LIMITED PARTNERSHIP					}	05 Ar	· ED
						TASE CAC	PARY OF STATE SEE, FLORIDA
Principal Place of	Mailing Address			Ū 1∕	MLLAHA	ARY 115 55	
3103 PHILMONT AVENUE		3103 PHILMONT AVENUE		,,, /	\mathcal{W}	''4',	SSEE, ESTATE
HUNTINGDON VA	ILLEY, PA 19006	HUNTINGDON VAL	LEY, PA 190	ر کال	1		ORIDA
2. Principal Place	of Rusinges	3. Mailing Address					
250 Gibraltar Road		250 Gibraltar Road		ad			88111 88181 11811 8 3 118 181 5 8 1111811 81 583 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03242005	Chg-LP	CR2E003 (10/03)
City & State Horsham, PA		City & State Horsham, PA		 	4. FEI Number 82-05594	143	Applied For Not Applicable
Zip 19044			Country Montgomery		5. Certificate of		\$8.75 Additional Fee Required
6. Name and Address of Current		Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and A	ddress of New R	egistered Agent
C T CORPORATION SYSTEM				Name			
1200 SOUTH PLANTATION	PINE ISLAND ROAD I, FL 33324				(P.O. Box Number	s Not Acceptable)
				City			FL Zip Code
	ned entity submits this statement for of registered agent.	the purpose of changi	ng its register	ed office or registe	ered agent, or both,	in the State of Flo	rida. I am familiar with, and accept
SIGNATURE Sign	ature, typed or printed name of registered agent a	ind title if applicable		····			DATE
			Amount of Capital Contributions in FLORIDA to date. \$9,56		500.00		
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINES: Y NOT be changed	SENTITY N on the form	IUST BE REGIS	STERED AND AC	TIVE WITH THE	S OFFICE.
12.	GENERAL PARTNER		13.			ADDRESS CHA	
	94000082800 DLL FL GP CORP.		STREET ADDRESS 25		50 Gibralta	ır Road	
STREET ADDRESS 31	03 PHILMONT AVENUE JNTINGDON VALLEY, PA 190	06	CITY-ST-ZIP HO		orsham, PA	19044	
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS - CITY-ST-ZIP			СІТУ	'-ST-ZIP			-
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NAME STREET ADDRESS CITY-ST-ZIP			СПА	-ST-ZIP			
DOCUMENT /			STRE	ET ADORESS			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			
14. I hereby certifind indicated on to the receiver of	ly that the information supplied with his report is true and accurate and r trustee empowered to execute this	this filing does not qual that my signature shall s report as required by	ivy for the exe have the emi Chapter 620,	mption stated in S e legal effect as if Florida Statutes	ection 119.07(3)(i), made under oath; th	Florida Statutes. I nat I am a General ,	further certify that the information Partner of the limited partnership o
SIGNATUI	RE: 0///	kill				4/07/05	
	Mark J. Warsha	PRINTED NAME OF SIGNING	SENERAL PARTNE	CP Corp	Conoral I	Date	Daytime Phone #