


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 18 AM 9:54

DOCUMENT # A02000001149		
1. Entity Name RANCHO BERNARDO CORPORATE CENTER, LTD.		
Principal Place of Business 11512 EL CAMINO REAL, SUITE 100 SAN DIEGO, CA 92130		Mailing Address 11512 EL CAMINO REAL, SUITE 100 SAN DIEGO, CA 92130
2. Principal Place of Business 13700 Sutton Pk dr N Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State Jacksonville FL		4. FEI Number 95-3814547
Zip 32224		Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent F & L CORPORATION ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202		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. \$5,000,000.00	10. Amount of Capital Contributions 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.		
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY
DOCUMENT # F96000004543	NAME DOUGLAS ALLRED COMPANY	STREET ADDRESS
STREET ADDRESS 11512 EL CAMINO REAL, SUITE 100	CITY-ST-ZIP SAN DIEGO, CA 92130	CITY-ST-ZIP
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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: <u>Bryan D. Putnam</u> , Bryan D. Putnam		Date 1/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # 858-743-0202
Officer of General Partner		

STAPLE CHECK HERE