

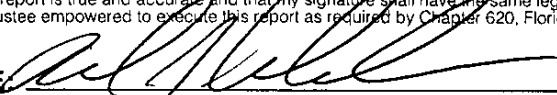


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

<b>DOCUMENT # A02000001193</b> 1. Entity Name <b>TOLL LIVINGSTON AT NAPLES LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006</b>			Mailing Address <b>3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006</b>		
2. Principal Place of Business <b>250 Gibraltar Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>250 Gibraltar Road</b> Suite, Apt. #, etc.			
City & State <b>Horsham, PA</b>		City & State <b>Horsham, PA</b>		4. FEI Number <b>71-0902794</b>	
Zip <b>19044</b>		Country <b>Montgomery</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$9,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$9,500.00</b>		
<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>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P94000082800</b> NAME <b>TOLL FL GP CORP.</b> STREET ADDRESS <b>3103 PHILMONT AVENUE</b> CITY-ST-ZIP <b>HUNTINGDON VALLEY, PA 19006</b>				STREET ADDRESS <b>250 Gibraltar Road</b> CITY-ST-ZIP <b>Horsham, PA 19044</b>	
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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <b>Mark J. Warshawer, VP of Toll FL GP Corp., General Partner</b>				Date <b>4/07/05</b> <small>Daytime Phone #</small>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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