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

STAPLI

SIGNATURE:

FILED 2005 APR 29 PM 1:56 **DOCUMENT # A02000001294** FIRST PARTNERS ADMIRALTY TRUST, LTD. SECRETARY OF STATE TĂLLĂĦĂŜŠĖE, FLORIDA Mailing Address Principal Place of Business 11300 U.S. HIGHWAY 1 11300 U.S. HIGHWAY 1 203 203 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 2401 PGA Boulevard 2401 PGA Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc 03032005 Chq-LP CR2E003 (10/03) Suite 148 Suite 148 Applied For City & State Palm Beach Gardens, FL 4. FEI Number Palm Beach Gardens, FL 14-1858211 Not Applicable Zip 33410 Country Country \$8.75 Additional ^{Zip} 33410 5. Certificate of Status Desired K USA USÁ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Same MILLER, DONALD W Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Boulevard 11300 U.S. HIGHWAY 1 NORTH PALM BEACH, FL 33408 Suite 148 City Zip Code Palm Beach Gardens FL 33410 8. The above figmed 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 s of registered agrent the obligation Miller, Donald W. March 10. 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 in PLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY P02000103710 DOCUMENT # 2401 PGA Boulevard, Suite 148 STREET ADORESS NAME FIRST PARTNERS CORPORATION STREET ADDRESS 11300 U.S. HIGHWAY 1 CITY-ST-ZIP Palm Beach Gardens, FL 33410 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100054926981 DOCUMENT # STREET ADDRESS 05/23/05--01004--004 **150.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 Max Fricker

Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 10, 2005

(561) 625-1005

Daytime Phone #