2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	Due By	FILED						
DOCUMENT # A0200001301 1. Entity Name L. COLEN, LTD.					[TAISION DE	RY OF STATE CORPORATION OF AM 9: 22	ONS
Principal Place of Business Mailing Address C/O ON TOP OF THE WORLD, INC. 2291 WORLD PARKWAY BOULEVARD WEST CLEARWATER, FL 33763 Mailing Address 8447 SW 99TH STREE OCALA, FL 34481			ET ROAD					[1 (1 0114) f l 1 11)
2. Principal f	2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02242005	Chg-LP	CR2E003 (10/0	03)
City & State		City & State	City & State		4. FEI Number 71-0911	200		Applied For
Zip Country		Zip Country		гу	71-0911388 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curre	ent Registered Agent	stered Agent _		7. Name and A	ddress of New R		TILOG
COLEN, GERALD R C/O DEVITO & COLEN 7243 BRYAN DAIRY ROAD LARGO, FL 33777				Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. The above	e named entity submits this statemen	It for the purpose of changing its	s registered	d office or register	red agent, or both,	in the State of Flo	• —	ith, and accept
the obliga	tions of registered agent.							and addopt
SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable.					DATE	•
	9. Capital Contributions as Shown on record. \$1,500,000.00 10. Amount of Capital Cont in FLORIDA to date.							
-	A GENERAL PARTNEI NOTE: General Partners	R THAT IS A BUSINESS EN MAY NOT be changed on t	NTITY MU	JST BE REGIST an amendmen	TERED AND AC	TIVE WITH TH	S OFFICE.	
12.	12. GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY			
OOCUMENT # NAME	P02000104646 COLEN CLEARWATER CORF	P., INC.	STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	C/O 2291 WORLD PARKWAY CLEARWATER, FL 33763	BOULEVARD WEST	ULEVARD WEST CITY-ST-ZIP			-		.
DOCUMENT # NAME STREET ADDRESS			STREET	T ADDRESS	50 03/17/	0048 5 0501005	576995 008 **52	6.25
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			., СПY-S	ST-ZIP -	•			·
DOCUMENT #	S Carriers		\$ 1	T ADDRESS				
CITY-ST-ZIP	h'		спу-\$				•	<u></u>
indicated the receiv	certify that the information supplied vill on this report is true and accurate a ver or trustee empowered to execute	no that my signature shall have this report as required by Chap	the same l oter 620, Flo	legal effect as if m orida Statutes	nade under oath; th	Florida Statútes, I nat I am a Genera	further certify that the Partner of the limited	e information d partnership or
SIGNAT			Preside	D Colen nt of Gen	as Leral Partho arwater Care	C Date	352-87	3-0848
	<i>y</i>			LIXEN CIR	MI WOLL LACE	,	Loyal Writing	-