


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT #</b> A02000001392 ✓                     |  |
| <b>1. Entity Name</b><br>SCHRIMSHER MILLENIA, LTD. ✓ |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>600 E. COLONIAL DRIVE, SUITE 100<br>ORLANDO FL 32803 ✓ | <b>Mailing Address</b><br>600 E. COLONIAL DRIVE, SUITE 100<br>ORLANDO FL 32803 ✓ |
|--|--|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |



1ST MOORE CR2E003 (10/04)

|  |   |
|--|---|
| <b>4. FEI Number</b> 56-2299139 ✓  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

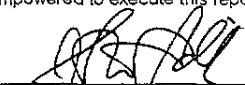
|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>SCHRIMSHER, J. STEVEN<br>600 E. COLONIAL DRIVE, SUITE 100 ✓<br>ORLANDO FL 32803 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|---|

|  |   |   |
|--|---|---|
| <b>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.</b> |   | <b>11. FILE NOW!!! Due by May 1, 2005.</b><br>See Block 11 instructions for fee info. |
| <b>SIGNATURE</b><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  | <b>DATE</b>   |   |
| <b>9. Capital Contributions</b><br>as Shown on record. \$475,000.00 ✓  | <b>10. Amount of Capital Contributions</b><br>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 |  |
|--|---|--------------------------|--|
| <b>DOCUMENT #</b> G00211                               | <b>NAME</b> SCHRIMSHER PROPERTIES OF CENT. FLA., INC. ✓ | <b>STREET ADDRESS</b>    |  |
| <b>STREET ADDRESS</b> 600 E. COLONIAL DRIVE, SUITE 100 |   | <b>CITY-ST-ZIP</b>       |  |
| <b>CITY-ST-ZIP</b> ORLANDO FL 32803                    |   | <b>STREET ADDRESS</b>    |  |
| <b>DOCUMENT #</b>                                      |   | <b>CITY-ST-ZIP</b>       |  |
| <b>NAME</b>  |   | <b>STREET ADDRESS</b>    |  |
| <b>STREET ADDRESS</b>                                  |   | <b>CITY-ST-ZIP</b>       |  |
| <b>CITY-ST-ZIP</b>                                     |   | <b>STREET ADDRESS</b>    |  |
| <b>DOCUMENT #</b>                                      |   | <b>CITY-ST-ZIP</b>       |  |
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| <b>STREET ADDRESS</b>                                  |   | <b>CITY-ST-ZIP</b>       |  |
| <b>CITY-ST-ZIP</b>                                     |   | <b>STREET ADDRESS</b>    |  |
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| <b>STREET ADDRESS</b>                                  |   | <b>CITY-ST-ZIP</b>       |  |
| <b>CITY-ST-ZIP</b>                                     |   | <b>STREET ADDRESS</b>    |  |
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| <b>STREET ADDRESS</b>                                  |   | <b>CITY-ST-ZIP</b>       |  |
| <b>CITY-ST-ZIP</b>                                     |   | <b>STREET ADDRESS</b>    |  |

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  J. Steven Schrimsher 3-10-05 (407) 423-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE