2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

1. Entity Nam	ne e	# A020000		0, 5.850	SAPR 29	151	<b>)</b>						
:						NO. TIES		4410	96× 19	ρ, -			
Principal Place of Business Mailing Address							刁	1/4/	912PL	76.			
5858 CENTRAL AVENUE				PO BOX 41847 /			71	つとく	SELOK	ૂ ૪,૮	0		
ST. PETERSBURG, FL 33707			ST	T. PETERSBURG, FL 33743-1847			/ I,		`C, F)	147	_		
i						V	' ľ	I IEDIAU KON EGN		Producina de	Dis HEDRI ADI DI CITI	TH 81 (88)	
2. Principal Place of Business 3				Mailing Address									
Suite, Apt. #, etc.			s	uite, Apt. #, etc.	<del></del>		04092005	Chg-LP	CR2EC	003 (10/03)			
City & State			C	ity & State			4. FEI Number 41-20739	55		<u> </u>	plied For Applicable		
Zip	Country Zig							5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current Registered Agent					<b>A</b> 1		7. Name and Ad	Idress of New R	egistered /	Agent		
SEMBLER CRECORYS						Name							
SEMBLER, GREGORY S   5858 CENTRAL AVENUE						Street Address (P.O. Box Number is Not Acceptable)							
ST. PETE					<del>}</del>		•						
						City		)		FL	Zip Code	)	
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													
9. Capital Contributions as Shown on record. \$341,581.70   10. Amount of Capital Contributions in FLORIDA to date. 374										- CARTE	<del></del>	•	
	on record.	\$341,581.70	in FLORIDA to d	374,56	68.	,50			<b></b>				
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.	NOTE				13.	i, an amenun	пен	must be med	ADDRESS CHA				
DOCUMENT #	GENERAL PARTNER INFORMATION P9700081031					····			710011200 011				
NAME	TSCPR FLORIDA, INC.					EET ADDRESS							
STREET ADDRESS						-ST-ZIP						·	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707												
DOCUMEN1 #						EET ADDRESS		Q.T.,	0054 050105	745	007		
NAME STREET ADDRESS								115/18/	050105	7007	**232	00	
CITY-ST-ZIP	1					r-ST-ZIP							
DOCUMENT #					STR	EET ADDRESS							
STREET ADDRESS					CITY	r-S1-ZIP							
DOCUMENT #	<del>                                     </del>				STR	EET ADDRESS				•			
STREET ADDRESS CITY-ST-ZIP					CITA	r-ST-ZIP							
DOCUMENT #					STR	EET ADDRESS		<del></del>			· · —		
NAME STREET ADDRESS					CITY	r-ST-ZIP							
DOCUMENT #	<del>                                     </del>				STR	EET ADDRESS			<u> </u>				
STREET ADDRESS CITY-ST-ZIP					CITY	r-ST-ZIP							
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 Pertner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes													
SIGNAT	SIGNATURE: 4/19/05 727-384-6000												
1		SIGNATURE AND TYPE	OR PRINTE	D NAME OF SIGNING GENER	IAL PARTN	£H.			Pate	C	Jaytane Phone #		

CRAIG SHER, VICE-PRESIDENT