
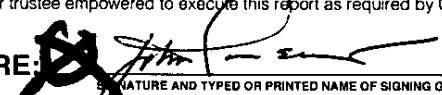


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 JUN 28 AM 8:21

<b>DOCUMENT # A03000000184</b> 1. Entity Name THE MCELROY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 321 ROYAL POINCIANA PLAZA SOUTH C/O NEAL W KNIGHT, JR PALM BEACH, FL 33480			Mailing Address 321 ROYAL POINCIANA PLAZA SOUTH C/O NEAL W KNIGHT, JR PALM BEACH, FL 33480		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>54-2112723</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KNIGHT, NEAL W JR 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$3,878,388.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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 #	P03000007861		STREET ADDRESS		
NAME	D.B.M. MANAGEMENT COMPANY, INC.		CITY-ST-ZIP		
STREET ADDRESS	321 ROYAL POINCIANA PLAZA SOUTH		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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 Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			6/14/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			800 888 4299		
			Daytime Phone #		

STAPLE CHECK HERE