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

FILED Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # A03000000326 1. Entity Name GREGG VENTURES, LLLP Principal Place of Business Mailing Address 1326 NORTH BLVD. WEST SUITE 7 1326 NORTH BLVD. WEST SUITE 7 LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc -Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 05-0555912 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGG, JAMES R 1326 NORTH BLVD. WEST SUITE 7 Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34748 Zip Code Fi 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. '71. FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or primed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,500,000.00 as Shown on record. in FLORIDA to date. \$2,486,879.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. COCUMENT # U00000314515 STREET ADDRESS NAME GREGG, JAMES R TRUSTEE /18/05<u>~8</u>0189<u>~</u>01 STREET ADDRESS 1326 NORTH BLVD, WEST SUITE 7 C11 Y - ST - ZIF City-St 7/P LEESBURG FL 34748 DOCUMENT # SUBFELADORESS NAME GREGG, JAMES R TRUSTEE STREET ADDRESS 1326 NORTH BLVD. WEST SUITE 7 CITY-ST-78P CITY-ST-ZIP LEESBURG FL 34748 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT # SHREELABORESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP CITY-S1-ZIP DOCUMENT # STREET AUDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St. /iP 14. Thereby 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 ampowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE JAMES R. Gregg, General Partner 04-06-05 352-787-4434
SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING GENERAL PARTNER

Date Design Choice V

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