2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 16, 2005 08:00 AN Secretary of State

1. Entity Nam	MENT # A0300000				Secretary of State
Principal Place of Business Meiling Address				-	
1501 ATLAN KEY WEST, F	TIC BLVD.	1501 ATLANTIC BLVD. KEY WEST, FL 33040			
			<u></u>		1 A REGION CONTROLLER SINCE CONTROLLER ON CONTROLLER OF CONTROLLER ON CONTROL
2. Principal Place of Business		- 3. Mailing Address			
Suite, Apt	#, etc.	Suite. Apt # etc.			04012005 Chg-LP CR2E003 (10/03)
City & Sta	0	City & State			4. FEI Number Applied For 20-0183681 Not Applied be
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
ļ	6. Name and Address of Curre	nt Registered Agent		1	7. Name and Address of New Registered Agent
THE AND	TOOM FIDAL A DOOFFEEL	ON CODD		Name	17.5 17.5
	ERSON FIRM, A PROFESSI NEDY DR	UNAL CURP.		Street Address ((P.O. Box Number is Not Acceptable)
	T, FL 33040	·. =. ::::::::::::::::::::::::::::::::::	. =	City	⊏ ; Zip Code
					FL Zip Code ered agent, or both, in the State of Florida I am familiar with, and accept
9. Capital Co as Shown	signature typed or pringframe or registered as intributions \$10,000,000.00	10. Amount of Cap in FLORIDA to	ital Contri date	butions 1,047,0	Son, Trustee 04/07/2005 DATE STERED AND ACTIVE WITH THIS OFFICE. Both must be filed to change a general partner.
12.	- GENERAL PARTI		13.		ADDRESS CHANGES ONLY
DOCUMENT ₹ NAME	P03000043331 THE ROBINSON FIRM, INC.		STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1501 ATLANTIC BLVD. KEY WEST, FL 33040	<u> </u>	CIL	r-ST-ZIP	
DOCUMENT # NAME		Ng. safe.	STR	EET ADDRESS	
STREET ADDRESS			¢in	r-St-ZIP	
DOCUMENT / NAME		. 12	STR	EET AODRESS	U00000367284
STREET ADDRESS CITY - ST - ZIP			CIL	r-ST ZIP	05/16/05-80028-018-526.25
DOCUMENT # NAME		- dr -r-w _j Q 	STR	EET ADDRESS	
SIREET ADDRESS CITY-ST ZIP			CsT)	y ST-ZIP	
CITY-57 ZIP DOCUMENT # NAME STREET ADDRESS		£ 1.7	STR	EET ADDRESS	
CITY ST ZIP		-	CIN	r-SI-ZIP	
NAME NAME	- -	±	STR	EET ADDRESS	·
STREET ADDRESS CITY - ST - ZIP				r St-Zip	
14. I hereby indicated the rece	certify that the information supplied value in this report is true and accurate a ver or tr <u>ustee</u> empowered to execute the contract of the co	ofth this filing does not qualify it and that my signature shall hav this report as required by Cha	for the exe re the sam apter 620,	emption stated in Si le legal effect as if l Florida Stalutes	Section 119 07(3)(i), Florida Statutes I further certify that the information made under oath, that I am a General Partner of the limited partnership of the

President the Kobinson girm, Inc.