2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Mar 08, 2005 08:00 AM

Daytime Phone #

Principal Place of Business 4422 SOUTHWEST 85TH WAY 64000SYMLE, Ft. 32008 2. Principal Place of Business 3. Mailing Address 4. Principal Place of Business 5. Stark Add. R. etc. O2222005 Chg. L. P. CR2E003 (10103) 2. Principal Place of Business 5. Cantilose of Stark Decksol	1. Entity Nam	MENT # A03000000 LODGE OF NORMAN, LTI	·		Secretary of State
Suite, Apt. 4, etc. City & State	4422 SOUTHWEST 85TH WAY 4422 SOUTHWEST 85TH				
City & State City & State Address of New Registered Agent Fig. Production of Registered Agent City FL Zip Code City FL Zip Code S. This above named entity submits this statement for this purpose of changing its registered differs or registered agent, or both, in the State of Fiorida. I am lamillar with, and accept the objection of registered agent. SIGNATURE Signature (red or printer named regional speem and sign agriculture) A CITY FL Zip Code Signature (red or printer named regional speem and signature) A CITY FL Zip Code Signature (red or printer named regional speem and signature) A CITY FL Zip Code A CITY F	2. Principal P	face of Business	3. Mailing Address	<u></u>	
Zip Country Zip Country Zip Country Signature and Address of Current Registered Agent Signature Desired Signature Desired Signature Agent PATRICE, FL 32608 6. Name and Address of Current Registered Agent PATRICE, Name and Address of New Registered Agent PATRICE, FL 32608 Fig. 2 Dodge Signature Signature Signature Signature Agent PATRICE, FL 32608 6. This above named only authritis this statement for the purpose of changing its registered of face or registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Ceptable Contributions Signature Patrice, Signature, Si	Suite, Apt. #, etc. Suite. Apt. #		Suite. Apt. #, etc.		02222005 Chg-LP CR2E003 (10/03)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORT, DAVID H 4422 SOUTHWEST 85TH WAY GAINESVILLE, FL 32608 City City FL Zip Code 8. This above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 6. Capital Commodulars 8. Q00,000,000 10. Amount of Capital Commodulars 8. \$0,000,000,000 10. Amount of Capital Commodulars 8. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 90000887 NNE 14000080553303 CONVST-2P 0000887 NNE STREET ADDRESS COTY-ST-2P COTY-ST-2P 0000887 NNE STREET ADDRESS COTY-ST-2P COTY-ST-2P 0000887 NNE STREET ADDRESS COTY-ST-2P COT	City & State		City & State		
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8. The above named entity submits this statement for the purpose of changing its registered effice 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 8.8,000,000.00 10. Amount of Capital Contributions IN OTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GRIERAL 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 filled to change a general partner. 12. GRIERAL 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 filled to change a general partner. 12. GRIERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 13. ADDRESS CHANGES ONLY 14. ADDRESS CHANGES ONLY 15. ADDRESS CHANGES ONLY 16. STREET ADDRESS ONLY 17. STREET ADDRESS ONLY 18. STREET ADDRESS ONLY STREET ADDRESS ONLY 18. STREE	O MILOVI	22,12 02000		City	FL Zip Code
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14. Thereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.	CITY-ST-ZIP				
SIGNATURE: 0332-264-150		Jav. al	this filing does not qualify that my signature shall hav s report as required by Cris	for the exemption stated in e the same legal effect as i apter 620, Florida Stalutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or