



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

<b>DOCUMENT # A03000000734</b> 1. Entity Name <b>MA REILLY INVESTMENT LIMITED</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>05 AUG 15 AM 10: 00</b>	
Principal Place of Business <b>7423 18TH STREET N.E.          SAINT PETERSBURG, FL 33702</b>				Mailing Address <b>7423 18TH STREET N.E.          SAINT PETERSBURG, FL 33702</b>			
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>20-0021026</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>REILLY, MARY A          7423 18TH STREET N.E.          SAINT PETERSBURG, FL 33702</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. <b>\$0.00</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 # NAME <b>REILLY, MARY A</b> STREET ADDRESS <b>7423 18TH STREET N.E.</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33702</b>				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME <b>ROEDER, ROSS E</b> STREET ADDRESS <b>1663 WATERMARK CIRCLE N.E.</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33702</b>				STREET ADDRESS CITY-ST-ZIP			
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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: <i>Mary A Reilly</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date <b>8/05</b> <small>Daytime Phone #</small>			

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