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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Γ	DOCUMENT # A03000000741					SECRET FILED	
	1. Entity Name RESOP FAMILY LIMITED PARTNERSHIP, LLP					SECRETARY OF STATE DIVISION OF CORPORATIONS 05 FEB 20	
}	Principal Place of Business Mailing Address			, .	No. of the last	05 FEB 28 AM 11: 22	
	8041 BLIND PASS ROAD ST. PETE BEACH FL 33706		8041 BLIND PASS ROAD ST. PETE BEACH FL 33706				
	2. Principal Place of Business		3. Mailing Address				
-	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)	
	City & State		City & State			4. FE! Number 01-0782513 Applied For Not Applicable	
	Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
	RESOP, W. PAUL II 8041 BLIND PASS ROAD ST. PETE BEACH FL 33706				Street Address (P.O. Box Number is Not Acceptable)		
					City	FL Zip Code	
	8. The above named entity submits this statement for the purpose of changing its registere in the State of Florida. I am familiar with, and accept the obligations of registered agent.					tered agent, or both,	
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable				11. FILE NOW!!! Due by May:1 2005. DATE See Block 11 instructions for fee info.		
ĺ	9. Capital Contributions as Shown on record. \$6,499,699.04 in FLORIDA to date			date.			
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f						
[12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY	
	DOCUMENT / NAME STREET ADDRESS	RESOP, MARK G TRUSTEE S 8041 BLIND PASS ROAD ST. PETE BEACH FL 33706			EET ADDRESS		
	CITY-ST-ZIP				Y-S1-ZIP		
ĺ	DOCUMENT # NAME			STR	EET ADDRESS		
	STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	03/08/0501064001 **437.50	
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	indicated	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					