2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Suite, Apt. #, etc. Suite, Apt. #, etc. O4192005 Chg-LP CR2E003 City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired Fee 6. Name and Address of Current Registered Agent Name DELUCA, ALFONSO 7117 PELICAN BAY BLVD., UNIT 1705 NAPLES, Ft. 34108 City FL	ONS DA	
City & State 4. FEI Number 20-0127283 Zip Country 5. Certificate of Status Desired \$8 Fee		
Zip Country Zip Country 5. Certificate of Status Desired \$8 Fee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Age Name DELUCA, ALFONSO 7117 PELICAN BAY BLVD., UNIT 1705 NAPLES, FL 34108 City FL	(10/03)	
Zip Country Zip Country 5. Certificate of Status Desired \$\\$8\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Applied For	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Age Name DELUCA, ALFONSO 7117 PELICAN BAY BLVD., UNIT 1705 NAPLES, FL 34108 City FL	Not Applicable .75 Additional Required	
DELUCA, ALFONSO 7117 PELICAN BAY BLVD., UNIT 1705 NAPLES, FL 34108 City FL		
NAPLES, FL 34108 City FL	ess (P.O. Box Number is Not Acceptable)	
FL PL		
	Zip Code	
the obligations of registered agent.	liar with, and accept	
SIGNATURE —		
Signature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions	-	
as Shown on record. \$1,500,000.00 in FLORIDA to date. 4,264,259		
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.	τ.	
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY		
NAME DELUCA, ALFONSO STREET ADDRESS 7117 PELICAN BAY BLVD., UNIT 1705		
CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP YARDLEY, PA 19.067		
DOCUMENT # NAME STREET ADDRESS		
STREET ADDRESS — CITY-ST-ZIP CITY-ST-ZIP		
NAME STREET ADDRESS (600547/8/6/17	<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP O6/17/0501003012 ##175	0.00	
DOCUMENT # STREET ADDRESS NAME		
STREET ADDRESS		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS		
□ INCEST ADDRESS CITY-ST-ZIP	·	
COCUMENT # STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	7.	
14. I hereby 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 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes		
SIGNATURE: 4/28/2005 215-	hat the information limited partnership or	