2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE

FILED **DOCUMENT # A0300001007** 2005 APR 11 AM 9: 31 EBB INVESTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1207 SOROLLA AVENUE 1207 SOROLLA AVENUE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152005 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 20-0034331 ARRESTED GOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMSON, JOHN M ESQ. Street Address (P.O. Box Number is Not Acceptable) **370 MINORCA AVENUE** CORAL GABLES, FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$990.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P02000012778 STREET ADDRESS BROWNELL MANAGEMENT, INC. NAME STREET ADDRESS 1207 SOROLLA AVENUE CITY-ST-71P CITY-ST-ZIP CORAL GABLES, FL 33134 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 700054203217 05/10/05--01037--007 **141,25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-78P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 igdicated 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 N4/7/05

SIGNING GENERAL PARTNER