2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

Amera Properties, Inc.

PHINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED

STAPLE CHECK HEBE

SIGNATURE:

Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # A03000001127** AMEŘA 99, LTD. Principal Place of Business Mailing Address 2900 UNIVERSITY DRIVE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number 20-0174231 Not Applicable Country Zìp Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERA PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 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 \$7,500.00 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 13. ADDRESS CHANGES ONLY 12. DOCUMENT # 624912 STREET ADDRESS NAME AMERA PROPERTIES, INC. STREET ADDRESS 2900 UNIVERSITY DRIVE CITY-ST-ZIP CITY -ST-ZIP CORAL SPRINGS, FL 33065 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP U00000347428 DOCUMENT A STREET ANDRESS <u>04/30/05-80116-004_150_00</u> NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

George Rahael President

4/15/05

954-753-9500

FILED