2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A0300001152 1. Entity Name SCANLON & CROYLE, L.L.L.P.			FILED 2005 APR 18 PM 1: 17
Principal Place of Business 2500 N. MILITARY TRAIL, STE. 480 BOCA RATON, FL 33431	ITARY TRAIL, STE. 480 2500 N. MILITARY TRAIL, STE. 480		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 370 W Camino Gardens Bl Sulte, Apt. #, etc. 300	3. Mailing Address Vd 370 W Ca Suite, Apt. #, etc. 300	mino Gar	:dens BLvd 04082005 Chg-LP CR2E003 (10/03)
300 City & State Boca Ratron, FI.	City & State Boca Raton		4. FEI Number Applied For 14-1893843 Not Applicable
33432 Country USA 6. Name and Address of Current F	Zíp 33432 tegistered Agent	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
SCANLON, LAWRENCE J 2500 N. MILITARY TRAIL, STE. 480 BOCA RATON, FL 33431 Street Addres 3 7 0 W			dress (P.O. Box Number is Not Acceptable) W Camino Gardens Blvd #300 Boca Raton FL Zip Code 33432
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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. \$2,500.00 10. Amount of Capital Contributions in FLORIDA to date.			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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY			
DOCUMENT / NAME CROYLE, PHILIP J STREET ADDRESS 2500 N. MILITARY TRAIL, STE. 480		STREET ADDRESS City-St-Zip	370 W Camino Gardens Blvd #300 Boca Raton FL 33432
CITY-ST-ZIP		STREET ADDRESS	370 W Camino Gardens Blvd #300
STREET ADDRESS 2500 N. MILITARY TRAIL, STE. 480 CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT /		CITY-ST-ZIP	Boca Raton FL 33432
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	300054117613
DOCUMENT # NAME		STREET ADDRESS	05/09/0501065002 **141.25
STREET ADDRESS CITY- ST- ZIP DOCUMENT #		Crty-St-zip	
NAME Street address		STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP DOCUMENT #	*	STREET ADDRESS	
NAME STNEET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			