2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A03000001213** 05 FEB 21 AM 11: 24 SOFRAN DELAND (ECK), LTD. Principal Place of Business Mailing Address 818 A-1-A NORTH, SUITE 203 818 A-1-A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 CR2E003 (10/03) Chg-LP City & State 4. FEI Number 20-0196816 Applied For City & State APPLIED FOR Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROULEAU, ROBERT Street Address (P.O. Box Number is Not Acceptable) 818 A-1-A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082 Zip Code FL 6. 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 \$99.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. P00441 DOCUMENT # STREET ADDRESS THE SOFRAN CORPORATION STREET ADDRESS 818 A-1-A NORTH, SUITE 203 CITY-ST-ZIP CITY-ST-7IP PONTE VEDRA BEACH, FL 32082 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME 100047475621 03/01/05--01013--008 \*\*141.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # ... STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP'\_ DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

00/01/05

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