2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

SIGNATURE:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

| DOCUMENT # A0300001719  1. Entity Name FAGAN FAMILY HOLDINGS, LTD.   |   |              |                   |  | 05 APR -4 AM 10: 52                                   |  |
|--|---|--------------|-------------------|--|---|--|
| Principal Place of Business 4152 WEST BLUE HERON BLVD, STE 128 RIVIERA BEACH, FL 33404  Mailing Address 4152 WEST BLUE HERON RIVIERA BEACH, FL 33404  RIVIERA BEACH, FL 33404  |   |              |                   | D, STE 128   |   |  |
| 2. Principal Place of Business 631 US Highway 1 3. Mailing Address 631 US Highwa   |   |              | ay 1              |  |   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 400 Suite 400  |   |              |                   |  | 01202005 Chg-LP CR2E003 (10/03)                       |  |
| City & State City & State  |   |              |                   |  | 4. FEI Number Applied For                             |  |
|  |   | North Palm B | Beach, FL Country |  | APPLIED FOR Not Applicable                            |  |
| 33408  | 33408   |              |                   | ,  | 5. Certificate of Status Desired                      |  |
| 6. Name and Address of Current Registered Agent  |   |              |                   | Name   | 7. Name and Address of New Registered Agent           |  |
| WHITE, JOHN II<br>1645 PALM BEACH LAKES BLVD, STE 1200   |   |              |                   | Street Address (P.O. Box Number is Not Acceptable) |   |  |
| WEST PALM BEACH, FL 33401  |   |              |                   |  |   |  |
| _  |   |              |                   | City   | FL Zip Code   |  |
| 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 a the obligations of registered agent.  |   |              |                   |  |   |  |
| SIGNATURE  |   |              |                   |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions 10. Amount of Capital Contributions  |   |              |                   |  |   |  |
| as Shown on record. \$97.00 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.  |   |              |                   | 3. ADDRESS CHANGES ONLY                            |   |  |
| DOCUMENT #<br>NAME   | FAGAN, LANELL M                                     |              |                   | ET ADORESS 2                                       | 2137 Milano Court                                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 115 ASLAND COVE WAY<br>PALM BEACH GARDENS, FL 33408 |              | CITY              | -ST-ZIP P  | Palm Beach Gardens, FL 33418                          |  |
| DOCUMENT /<br>NAME   | FAGAN, GREGORY J                                    |              | STRE              | ET ADDRESS 2                                       | 2137 Milano Court                                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 115 ASLAND COVE WAY<br>PALM BEACH GARDENS, FL 33408 |              |                   | -ST-ZIP F  | Palm Beach Gardens, FL 33418                          |  |
| DOCUMENT #   |   |              | STRE              | ET ADDRESS   | · · · · · · · · · · · · · · · · · · ·                 |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |              |                   | -SF-ZIP  | 500050424496<br><del>04/11/05-01079013 ***44.25</del> |  |
| DOCUMENT #<br>NAME   |   |              | STRE              | ET ADORESS   | 57/11/05010/9013 **44.25                              |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |              | CITY              | -ST-ZIP  |   |  |
| DOGUMENT #   |   |              | STRE              | ET ADDRESS   | 600050424496<br>04/11/0501079014 **97.00              |  |
| STREET ADDRESS<br>CTTY*ST - ZIP  |   |              | CITY              | -ST-ZIP  | U1/11/6301013614 **31.00                              |  |
| DOCUMENT /<br>NAME<br>STREET ADDRESS   |   |              | STRE              | ET ADDRESS   |   |  |
| CITY-ST-ZIP  |   |              | CITY              | -ST-ZIP  |   |  |
| 14. Thereby certify that the information supplied with this ling 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 |   |              |                   |  |   |  |

ITED NAME OF SIGNING GENERAL PARTNER