2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

DOCUMENT # A0400000134 1. Entity Name DISCOVERY TECHNOLOGY INTERNATIONAL, LLLP							05 M			
Principal Place of Business 6519 193RD ST. EAST RRADENTON, FL 34211 Mailing Address 6519 193RD ST. EAST BRADENTON, FL 34211						-				
2. Principal P		Mailing Address	ing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc. SUITE # 116				· State	Chg-LP CR2E00	03 (10/03) 5///	
City & State SARASOTA, FL			<u>'</u>	City & State SAKASOTA, FL			4. FEI Number 20 - 6	677633.	Applied Fo	
Zip 34232		Country US		Zip 34232	Cour	ntry US	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent			
BENJAMIN, ROBERT W 200 S ORANGE AVE SARASOTA, FL 34236						Street Address (P.O. Box Number is Not Acceptable)				
•						City	FL 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 the obligations of registered agent.									amiliar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.										
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date.						butions \$ 14-0, 7	12.91	\$ 521	0.25	
2						IUST BE REGIS	TERED AND AC	TIVE 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 13. ADDRESS CHANGES ONLY										
DOCUMENT #	P04000015089					EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	6519 193F	RD ST. EAST	2.00			/-ST-ZIP				
DOCUMENT #		·			STR	EET ADORESS				
STREET ADDRESS CITY-ST-ZIP					CITY	/-ST-ZIP				
DOCUMENT #			-		STR	EET ADDRESS	nn	00543200	71-71	
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STREET ADDRESS CITY-ST-ZIP					CITY	r-st-zip				
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STREET ADDRESS CITY-ST-ZIP					CITY	r-ST-ZIP				
DOCUMENT /					STR	EET ADDRESS				
STREET ADDRESS CITY - ZIP		-			<u>. L </u>	r-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 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: M. P. BRO DERICK 11 HARIL 2005 (941)371 1777										