


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000000192		
1. Entity Name TRADITION ALAFAYA, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 11:35

Principal Place of Business 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803	Mailing Address 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[Handwritten initials]



1ST MOORE CR2E003 (10/04)

4. FEI Number 20-0695967		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCHRIMSHER, J. STEVEN 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803		7. Name and Address of New Registered Agent Name 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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$8,770,000.00** ✓ 10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11: instructions for fee info.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P96000086295	NAME SCHRIMSHER INVESTMENTS CORPORATION	STREET ADDRESS	
STREET ADDRESS 600 EAST COLONIAL DRIVE, SUITE 100		CITY-ST-ZIP	
CITY-ST-ZIP ORLANDO FL 32803			
DOCUMENT # M04000000479	NAME BSP/TRADITION II, LLC	STREET ADDRESS 134 MEETING STREET, SUITE 110	
STREET ADDRESS 35 BROAD STREET		CITY-ST-ZIP CHARLESTON, SC 29401	
CITY-ST-ZIP CHARLESTON SC 29401			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: *[Handwritten Signature]* **3/20/05** **407-423-7600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #