OSHAR SON PHEIL 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2005** DOCIJMENT # A04000000346 1 1. Entity Name ALEXANDER B. SMITH FAMILY LIMITED PARTNERSHIP SECREMAILING Address STATE Principal Place of Business TALL Aler ANCHOR DA PUNITA 67 ANCHOR DR., UNIT A N. KEY LARGO FL 33037 N. KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business 67 Anchon DR Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) 4. FEI Number Applied For Not Applicable \$8.75 Additional -5.- Certificate of Status Desired ------Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERCER, FRANK J Street Address (P.O. Box Number is Not Acceptable) 1292 TIMBERLANE ROAD TALLAHASSEE FL 32312 City 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info Signature, typed or printed name of registered agent and title if applicable Amount of Capital Contributions in FLORIDA to date: 9. Capital Contributions O. 80 \$2,368,304,20 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L04000017006 DOCUMENT # STREET ADDRESS ALEXANDER B. SMITH LLC NAME 67 ANCHOR DR., UNIT A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. KEY LARGO FL 33037 <del>800049167650</del> DOCUMENT # 03/25/05--01005--011 \*\*141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIPT DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT & STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-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

B. Smith ALEXANDER B. Smith 2/1/05=305-367-3393
PRINTED NAME OF SIGNAMS GENERAL PARTNER.

Date of District Property Designation of the Designation