

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000000506

1. Entity Name
SLW COMMERCIAL CAMPUS, LTD.



FILED

2005 APR 15 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
210 SUNSET BAY
PALM BEACH GARDENS, FL 33418 US

Mailing Address
210 SUNSET BAY
PALM BEACH GARDENS, FL 33418 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062005 Chg-LP CR2E003 (10/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODIE H. THOMAS, III, P.A.
1603 VISION DRIVE
PALM BEACH GARDENS, FL 33418

Name GLENN WELLER

Street Address (P.O. Box Number is Not Acceptable)

210 SUNSET BAY CT

City PALM BEACH GARDENS

FL

Zip Code 33418

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

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

2/6/05
DATE

9. Capital Contributions
as Shown on record. \$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$1,125,000.00

CONTRIBUTION CHANGE
WAS FILED FEB. 9, 2005

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 # P04000054399
NAME SOUTHCAP SLW PROPERTIES, INC.
STREET ADDRESS 210 SUNSET BAY
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Glenn Weller

2/6/05