2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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SIGNATURE

2005 APR 14 PM 1: 12 **DOCUMENT # A04000000529** FIDELITY PLAZA LIMITED, A FLORIDA LIMITED SECRETARY OF STATE TALLAHASSEE, FLORIDA **PARTNERSHIP** Principal Place of Business Mailing Address 2247 PALM BEACH LAKES BLVD., STE. 204 2247 PALM BEACH LAKES BLVD., STE. 204 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address 631 US HWY ONE 631 US HWY ONE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 406 04082005 CR2E003 (10/03) Cha-LP SUITE 406 City & State NORTH PALM BEACH FLORIDA Applied For City & State NORTH PALM BEACH FLORIDA 4. FELOUDBE 43331 Not Applicable Country ^{Zip} 33408 \$8.75 Additional Country USA 33408 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMOUR II, ALAN I ESQ 2247 PALM BEACH LAKES BLVD., STE. 204 WEST PALM BEACH, FL 33409 8. The above named entity 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 10. Amount of Capital Contributions \$50,000.00 \$50,000.00 as S wn on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12 DOCUMENT # P04000055172 STREET ADDRESS 631 US HWY ONE, SUITE 460 FIDELITY PLAZA DEVELOPMENT, INC. NAME STREET ADDRESS 2247 PALM BEACH LAKES BLVD., STE, 204 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33409 NORTH PALM BEACH FLORIDA 33408 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 5000542385 STREET ADORESS 05/11/05--01005--005 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 empoyered to execute this could be equired by Chapter 620, Florida Statutes

OF SIGNING GENERAL PARTNER

WALTER J. MACKEY, JR., PRESIDENT 4/05/05 (561)848-8760

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