2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECHE PRY OF STATE

DOCUMENT # A0400000540 1. Entity Name THIRD LTD								181014 CF [*] 0 5 AUG 10		
Principal Place of Business 11265 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491 US				Mailing Address 11265 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491 US				II BIBIF BBIBI BBIBI BBIBI	N 20111 SZIN 20151 B	HIL BIEN ERHEN EN INEL
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07112005	Chg-LP	CR2E003	(10/03)
City & State			City & State				4. FEI Number			Applied For Not Applicable
Zip		* Country	Ž	Z ip	Coun	ntry	5. Certificate of	Status Desired		.75 Additional
	6. Name	and Address of Current	Regist	ered Agent		Name	7. Name and A	dress of New A	legistered Age	nt
VILLA, MA 11265 SE SUMMERI	SUNSET I						s (P.O. Box Number i	s Not Acceptable	FL	Zip Code
8. The above the obligate SIGNATURE 9. Capital Co	Signature, tiped	or printed name of registered agent	al			<u></u>	stered agent, or both,		orida. I am fam	
as Shown	on record.	\$200,000.00		in FLORIDA to	date.			the limited p prior notice.	artnership did	I not receive the
	NOTE:	ENERAL PARTNER General Partners Ma	Y NO	IS A BUSINESS E T be changed on	the form	IUST BE REGI n; an amendm	STERED AND AC ent must be filed	TIVE WITH TH to change a g	IIS OFFICE. eneral partne	er.
12.	1	GENERAL PARTNE	R INFO	RMATION	13.			ADDRESS CH	ANGES ONLY	
DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP	KRAUCAK, NELSON 11265 SE SUNSET HARBOR RE SUMMERFIELD, FL 34491			,		EET ADDRESS				
DOCUMENT /					\$TRI	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP	1	KRIVIC SUNSET HARBOR RI EIELD, EL-34491		CHY	-ST-ZIP				·····	
DOCUMENT # NAME					STRI	EET ADDRESS	08723	7050104	1003	**526.25
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DOCUMENT /					STRI	EET ADDRESS				
STREET ADDRESS TY-ST-ZIP					CITY	'-ST-ZIP				
14. I hereby of indicated the receiv		e information supplied wit t is frue and accurrate and empowered to execute if	Ų,	LUN G	_/_	Imption stated in e legal effect as Florida Statutes				that the information limited partnership or
SIGNAT	URE: _	SIGNATURE AND TYPED O		D NAME OF SIGNING GENE		ER	//	Date		ne Phone #