2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A04000000636** GERRERO PROPERTIES LIMÍTED PARTNERSHIP 05 JUL -5 AM 10: 38 Principal Place of Business Mailing Address 3015 S.E. 22ND PLACE 3015 S.E. 22ND PLACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 20-1068891 Not Applicable Zip Country Zip Country \$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 GERRERO, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 3015 S.E. 22ND PLACE CAPE CORAL, FL 33904 City Zip Code 8. The above named entity subprits his statement for the pyrpose 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, typho or printed name of registered agent and tide if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$3,960,000.00 as Shown 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 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS GERRERO, ROBERT D NAME STREET ADDRESS 3015 S.E. 22ND PLACE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33904 DOCUMENT A STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 200057423802 07/12/05--01054--005 **92 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 signafure 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 Jene .. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone

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