2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005** 05 APR 29 PM 5: 56 DOCUMENT # A04000000671 LEWIS AUERBACH ENTERPRISES, LTD. Mailing Address Principal Place of Business P.O. BOX 1406 P.O. BOX 1406 BRANDON, FL 33509-1406 BRANDON, FL 33509-1406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 20 -1082 Not Applicable Country Zip Country Zip \$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 AUERBACH, LEWIS E Street Address (P.O. Box Number is Not Acceptable) 501 WEST LUMSDEN ROAD BRANDON, FL 33511 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,000,000,00 2,000,000 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 AUERBACH, LEWIS E NAME STREET ADDRESS 501 WEST LUMSDEN ROAD CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 33511 DOCUMENT # STREET ADDRESS NAME 000054743820 05/18/05--01054--002 \*\*526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. Thereby 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 the receiver or trustee empowered to execute this poport as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER