2005 LIMITED PARTNERSHIP ANNUAL REPORT

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SIGNATURE:

FILED **Due By May 1, 2005** SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A04000000779** 05 MAR -7 AM 8: 23 TWO SPARROWS LIMITED PARTNERSHIP Mailing Address Principal Place of Business 1121 S. MILITARY TRAIL 1121 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address 2120 58th Ave Same Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 Chg-LP CR2E003 (10/03) 159 sane Applied For 4. FEi Number City & State City & State 20-1432337 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ndian River Sane Sare Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILES, ANDREW Street Address (P.O. Box Number is Not Acceptable) 1121 S. MILITARY TRAIL 58th Ave 2120 DEERFIELD BEACH, FL 33442 159 Zip Code 39266 Boach Vero 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 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 1,000.00 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 ADDRESS CHANGES ONLY 13. 12. F04000005004 DOCUMENT # STREET ADDRESS DAYSPRING INVESTMENTS LIMITED INCORPORATED NAME STREET ADDRESS 401-1330 HORNBY ST. 200048399482 <sup>03/15/05--01010--021</sup> \*\*<del>141,25</del> CITY-ST-7IP CITY-ST-ZIP VANCOUVER, BC, V6Z 1W5 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 DOCUMENT # STREET ADDRESS NAME 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER