2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 22, 2005 8:00 A.M
Secretary of State

DOCUMENT # A04000000953

1. Entity Name
QUADSTRIKE SOURCE, LLLP

Principal Place of Business	Mailing Address
1909 BRIGHTWATERS BOULEVARD, N.E. ST. PETERSBURG, FL 33704	1909 BRIGHTWATERS BOULEVARD, N.E. ST. PETERSBURG, FL 33704

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-1480658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPARKS, BRIAN C 100 SOUTH ASHLEY DRIVE, STE. 1500 TAMPA, FL 33602	Name: Sparks, Brian C. Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd. Suite 3700 City: Tampa **FL** Zip Code: 33602

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] **BRIAN C. SPARKS** 3/16/05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$10,000,000.00	10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	QUADSTRIKE HOLDINGS, INC. 1909 BRIGHTWATERS BOULEVARD, N.E. ST. PETERSBURG, FL 33704	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300049451403 03/30/05 01005 001 **533.00
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STAPLE CHECK HERE

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: Melissa LeClair 3/16/05 (727) 803-8233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #