

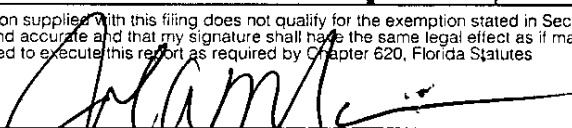


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 AM 10:02

DOCUMENT # A04000001504					
1. Entity Name AWSMBB PARTNERSHIP, LTD.					
Principal Place of Business C/O JOHN A. MORAN 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236			Mailing Address C/O JOHN A. MORAN P.O. BOX 3948 SARASOTA, FL 34230-3948		
2. Principal Place of Business c/o John A. Moran Suite, Apt. #, etc. 1990 Main St., Suite 700 City & State Sarasota, FL Zip 34236		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country U.S.		 03072005 Chg-LP CR2E003 (10/03)	
4. FEI Number 20-1653592				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MORAN, JOHN A 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$350,000.00		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 #	L04000068421	STREET ADDRESS	1990 Main Street, Suite 700		
NAME	AWSMBB HOLDINGS, LLC	CITY-ST-ZIP	Sarasota, FL 34236		
STREET ADDRESS	22 S. LINKS AVE., SUITE 300				
CITY-ST-ZIP	SARASOTA, FL 34236				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS	200056031292		
NAME		CITY-ST-ZIP	06/10/05--01045--021 **192.50		
STREET ADDRESS			200056031292		
CITY-ST-ZIP			06/10/05--01045--022 **333.75		
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
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: 				941/366-0115	
John A. Moran, Authorized Manager for AWSMBB Holdings, LLC				Date: _____ Daytime Phone: _____	

STAPLE CHECK HERE