2025 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE: 4

|   | Due by   | May 1, 2005                        |              |                     |  |  |  |
|---|--|------------------------------------|--------------|---------------------|--|--|--|
| DOCUMENT # A0400001652  1. Entity Name CADRECHA FAMILY LIMITED PARTNERSHIP  |  |                                    | <b>.</b> /.\ |                     |  |  |  |
| Principal Dia   | no of Rusinana                                       | Mailing Address                    | 1            |                     | 05 MAR 31  | Aft 9: 39  |  |
| Principal Place of Business Mailing Address   |  |                                    |              |                     | Ct.  |  |  |
| 1300 7TH AVENUE<br>  TAMPA, FL 33605  |  | 1300 7TH AVENUE<br>TAMPA, FL 33605 |              |                     | SEUKLIMKY<br>TALLAHASSE  | or SIAIE   |  |
| 1700 17 1 23003   1700 17 17 17 17 17 17 17 17 17 17 17 17 17   |  |                                    |              |                     | IALLAHASSE   | E, FLUKIUA   |  |
|   |  |                                    |              |                     |  | LI PRIN PRIN INTERNITATION NICHT   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                 |              |                     |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                |              | 02282005 Chg-LP     | CR2E003 (10/03)  |  |  |
| City & State  |  | City & State                       |              | 4. FEI Number       | Applied For Not Applicable   |  |  |
| Zip   | Country  | Zip                                | Country      |                     | - 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |  |
|   | 6. Name and Address of Current                       | Registered Agent                   |              |                     | 7. Name and Address of New F   | legistered Agent   |  |
|   |  |                                    |              | Name                | ÷  | · - •  |  |
| CADRECHA, ROBERT N  |  |                                    |              | Cironi Address /    | Address (P.O. Box Number is Not Acceptable)  |  |  |
| 1300 7TH AVENUE Street Address TAMPA, FL 33605  |  |                                    |              |                     | O. BOX NUMBER IS NOT ACCEPTEDE   | 3)   |  |
| 17/WI 74 1 E 33003  |  |                                    |              |                     |  |  |  |
|   |  |                                    |              | City                |  |  |  |
|   |  |                                    |              | City                |  | FL 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 3/1/220   |  |                                    |              |                     |  |  |  |
|   | Signature, typed or printed name of registered agent | and title if applicable.           |              | *                   |  | DATE .   |  |
| 9. Capital Contributions as Shown on record. \$2,534,400.00 In FLORIDA to date 2,553,174,000  |  |                                    |              |                     |  |  |  |
| as Shown on record. \$2,534,400.00 in FLORIDA to date. 2,562,174.00   |  |                                    |              |                     |  |  |  |
| 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 CHA  | ANGES ONLY   |  |
| DOCUMENT #<br>NAME  |  |                                    |              | T ADDRESS           |  | •  |  |
| STREET ADDRESS  | 7000 7 1117 1102                                     |                                    |              |                     |  |  |  |
| CITY-ST-ZIP   |  |                                    | CITY-S       | ST-ZIP              |  |  |  |
| DOCUMENT #  |  |                                    |              |                     |  |  |  |
| NAME  |  | •                                  | STREET       | T ADDRESS           |  |  |  |
| STREET ADDRESS  |  | يناده سناتسين يست                  |              |                     |  |  |  |
| CITY-ST-ZIP   |  |                                    | CITY-S       | ST-ZIP              |  |  |  |
| DOCUMENT #  |  |                                    |              | ADDOCCO             | Territoria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos |  |  |
| NAME  |  |                                    | SIME         | F ADDRESS           |  |  |  |
| STREET ADDRESS  | S  |                                    | CITY-S       | T-7IP               | 3000501  | 33933  |  |
| CITY-ST-ZIP   |  |                                    |              |                     | 04/07/0501065-   | -003 **526.25  |  |
| DOCUMENT #  |  |                                    | STREET       | r address           |  |  |  |
| NAME<br>STREET ADDRESS  |  |                                    |              |                     |  |  |  |
| CITY-ST-ZIP   |  |                                    | CITY-S       | T-ZIP               |  |  |  |
| DOCUMENT /  |  |                                    |              | <del></del>         |  |  |  |
| NAME  |  |                                    |              | ADDRESS             | The second secon |  |  |
| STREET ADDRESS  | ADDRESS  |                                    |              | -                   |  |  |  |
| CITY-ST-ZIP   |  |                                    | · CITY-S     | T-ZIP               |  | Company of the compan |  |
| DOCUMENT A 3  |  | •                                  | -            | <del></del>         | <u></u>  | - W  |  |
| NAME  |  |                                    | STREET       | ADDRESS             |  |  |  |
| STREET ADDRESS  | -  | •                                  |              |                     |  | • •  |  |
| CITY-ST-ZIP   |  | ,                                  | CITY-S       | 1-ZP                |  |  |  |
| 14. hereby c  | ertify that the information supplied with            | this filing does not qualify for   | the exemi    | ption stated in Sec | tion 119.07(3)(i), Florida Statutes. I   | further certify that the information   |  |
| 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 |  |                                    |              |                     |  |  |  |