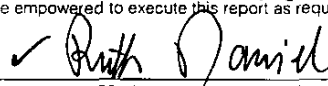


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 22 AM 9:22

DOCUMENT # A04000001670 1. Entity Name DANIEL FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 601 LONGBOAT CLUB ROAD #1101-S LONGBOAT KEY, FL 34228			Mailing Address 601 LONGBOAT CLUB ROAD #1101-S LONGBOAT KEY, FL 34228		
2. Principal Place of Business 601 LONGBOAT CLUB ROAD #1101-S Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0763925	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M ESQ. 720 SOUTH ORANGE AVE. SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.				DATE	
9. Capital Contributions as Shown on record. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 2,046,028			
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		
NAME	DANIEL, GERARD TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	601 LONGBOAT CLUB ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
DOCUMENT #	RUTH		STREET ADDRESS		
NAME	DANIEL, RUTH TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	601 LONGBOAT CLUB ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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: 			Date: 3-14-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

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