2005 LiMITED PARTNERSHIP ANNUAL REPORT

SECRETARY OF STATE DOCUMENT # A04000001827 DIVISION OF CORPORATIONS FAMILY LANDS REMEMBERED, LLLP 05 MAR 14 AM 9: 56 Principal Place of Business Mailing Address 7128 SE RIVERS EDGE ROAD JUPITER, FL 33458 7128 SE RIVERS EDGE ROAD JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 20-1908424 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500E WEST PALM BEACH, FL 33401 Zip Code 33458 Ja DITEL 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 DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000,000.00 as Shown on record. in FLORIDA to date. 581,000.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P04000157013 STREET ADDRESS FAMILY LANDS REMEMBERED, INC. NAME STREET ADDRESS 7128 SE RIVERS EDGE ROAD CITY-ST-ZIP CITY-ST-7IP JUPITER, FL 33458 DOCUMENT # STREET ADDRESS 700048845927 NAME STREET ADDRESS 03/22/05--01021--013 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 DOCUMENT # CHECK STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS STARET ADDRESS CITY-ST-ZIP Ch ST-ZIP 14: Chereby certify that the information supplied with this filling 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 eath; 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 ARIOS M VERGORA SIGNATURE: > SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF Daytime Phone 4

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