2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STALE **DOCUMENT # A0400001906** DIVISION OF CORPORATIONS 1. Entity Name OCEÁN GROVE PARTNERS, LLLP 05 MAR -1 AM 8: 42 Principal Place of Business Mailing Address 2244 ST. JOHNS AVENUE 2244 ST. JOHNS AVENUE JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 Chg-LP CR2E003 (10/03) City & State Applied For City & State 4. FEI Number 786883 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROOT, RONALD C 2244 ST. JOHNS AVENUE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32204 City 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 Sprature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # L04000087543 STREET ADDRESS NAME DESOTO DEVELOPMENT, LLC STREET ADDRESS 2244 ST. JOHNS AVENUE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32204 DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 700048064887 DOCUMENT # 03/09/05--01055--004 **526.25 STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DUCUMENT 4 STREET ADORESS NAME STREET ADDRESS CATY-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 the receiver or trustee empowered to execute this report a required by Chapter 620, Florida Statutes (904) 381-927 SIGNATURE: A

FILED