## **2005 LIMITED PARTNERSHIP ANNUAL REPORT** Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0400001949 05 FEB -7 AM 9: 37 BUN'S RANCH LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3335 U.S. 27 SOUTH 3335 U.S. 27 SOUTH SEBRING, FL 33870 SEBRING, FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01/072005 CR2E003 (10/03) City & State City & State Applied For Not Applicable Zip Country \_ Zip\_ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, LENNY 3335 U.S. 27 SOUTH SEBRING, FL 33870 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions 1. \$6,247,622.00 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 13. DOCUMENT # L04000072092 STREET ADDRESS BUN'S RANCH MANAGEMENT GROUP, LLC NAME STREET ADDRESS 3335 U.S. 27 SOUTH CITY-ST-ZIP CITY-ST-ZIP SEBRING, FL 33870 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT** # STREET ADDRESS NAME <del>500046488905</del> 02/14/05--01014--006 \*\*\$26,2\$ STREET ADDRESS CETY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS 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 is required by Chapter 620, Florida Statutes

BUN S RANCH MANAGEMENT GROUP, L.C. General Partner SIGNATURE: OR PRINTED NAME OF SIGNING GENERAL PARTNER