2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILEL SECRETARY OF STATE DOCUMÉNT # A07173 DIVISION OF CORPORATIONS GREGG INVESTMENT, LTD. 05 JUN 20 AM 9: 28 Principal Place of Business Mailing Address P.O. BOX 490180 P.O. BOX 490180 LEESBURG, FL 34749 LEESBURG, FL 34749 2. Principal Place of Business
1300 CITIZENS 3. Mailing Address 1300 CITIZENS BLVD. Suite, Apt. #, etc. Suite Apt. #, etc. 04192005 Chg-LP CR2E003 (10/03) Suite 300 300 Gity & State 4. FEI Number Applied For Lees 59-1957634 Not Applicable 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 EMACK, JEAN G 501 LAKE SHORE DR. Street Address (P.O. Box Number is Not Acceptable) LEESBURG, FL 34748 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. 9. Capital Contributions 10. Amount of Capital Contributions \$300.00 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 # STREET ADORESS EMACK, JEAN G NAME / STREET ADDRESS 501 LAKE SHORE DRIVE CITY-ST-ZIP CITY-ST-7/P LEESBURG, FL 34748 DOCUMENT # STREET ADDRESS NAME 000056602120 06/20/05-01016--001 \*\*14 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I fereby 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 mack SIGNATURE' SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone # nack, General Paringe