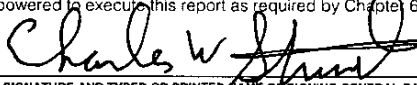


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -8 AM 10:04

DOCUMENT # A07465					
1. Entity Name STRUBE PROPERTIES, LTD.					
Principal Place of Business 2814 SILVER STAR ROAD ORLANDO, FL 32808			Mailing Address 2814 SILVER STAR ROAD ORLANDO, FL 32808		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1983683	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STRUBE, CHARLES W. 2814 SILVER STAR RD. ORLANDO, FL 32808				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$73,620.00		10. Amount of Capital Contributions in FLORIDA to date. 73,620.00		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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	CITY-ST-ZIP	
	CHARLES W. STRUBE, TRUSTEE OF THE CHARLES			000060052130	
	2814 SILVER STAR RD.			09/29/05--01005--001 **526.25	
	ORLANDO, FL				
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
	DONALD K. STRUBE, TRUSTEE OF THE DONALD K.				
	2814 SILVER STAR RD.				
	ORLANDO, FL				
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	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: 			CHARLES W. STRUBE 7/20/05 (407) 293-4810		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone		

STAPLE CHECK HERE