2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED May 11, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # A08805					cretary or State
Principal Plac	ce of Business	Mailing Addr			┥	
1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405		1002 WEST 23RD STREET, SUITE 400 Panama City, FL 32405				
2. Principal i	Place of Business	3. Mailing Ad	dress			
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		04082005 Chg-LP	CR2E003 (10/03)
City & Sta	<del></del>	City & State	<del></del>		4. FEI Number 59-1989645	Applied For Not Applicable
Zip	Country	Zip	Coi	untry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Age	nt		7. Name and Address of New I	
DIDDIN 1 AUDETTA 1				Name		
PIPPIN, LAURETTA J 1002 W 23RD STREET SUITE 400				Street Address	(P.O. Box Number is Not Acceptabl	e) .
PANAMA CITY, FL, FL 32405				City	·	EI Zip Code
8 The above	a named entity submits this statement t	for the purpose of	changing the contact	1	and a near the least of the Color of the	FL   -
the obliga	tions of registered agent.	or the borbose or	cualiging its registe	ered office of registe	sied agent, or both, in the State of Fi	orida. Tam familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and little if applicable		<del></del>		DATE
9. Capital Co as Shown	ontributions _ \$2,880.00	10. Amo	ount of Capital Cont ORIDA to date.	ributions		
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUS	INESS ENTITY	MUST BE REGIS	TERED AND ACTIVE WITH THe must be filed to change a g	IIS OFFICE.
12.	GËNERAL PARTNE		13		ADDRESS CH	
DOCUMENT # NAME	F80424 SOUTHERN COASTAL MORT.		SI	REET ADDRESS		
STREET ADDRESS CITY+ST-ZIP	1002 W 23RD ST., #400 PANAMA CITY FL,		 CI	TY-ST-ZIP		
DOCUMENT # NAME		<del></del>	ST	REET ADDRESS	05/11/05	0366008 5-80025-024 150.00
STREET ADDRESS CITY-ST-ZIP			CI	TY-ST-ZIP		
DOCUMENT # NAME			sr	REET ADDRESS		
STREET ADDRESS City-St-Zip			ci	TY-ST-ZIP		
DOCUMENT # NAME			SI	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			Gri	TY-ST-ZIP	<del></del>	
DOCUMENT # NAME			sn	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CI	TY-ST-ZIP	<del></del>	
DOCUMENT # NAME			ST	REET ADDRESS	<del></del>	
STREET ADDRESS		_	. Git	ry-St-ZIP	<del></del>	
14. I hereby of indicated the received	certify that the information supplied will on this report is true and accurate and ver or trustee empowered to execute the	h'this filing does no d that pay signature is report as requir	ot qualify for the exestall have the san	emption stated in Sene legal effect as if n , Fiorida Statutes	ection 119.07(3)(i), Florida Statutes. nade under cath, that I am a Genera	I further certify that the information all Partner of the limited partnership or
SIGNATURE: Lauretta J. Pippin, Secretary 4/25/05 (850) 769-8981						