

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 25 AM 11:03

<b>DOCUMENT # A13024</b> 1. Entity Name <b>PLACID ARMS LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>4040 NEWBERRY ROAD, SUITE 1000</b> <b>GAINESVILLE, FL 32607</b>				Mailing Address <b>4040 NEWBERRY ROAD, SUITE 1000</b> <b>GAINESVILLE, FL 32607</b>	
2. Principal Place of Business <b>3111 PACES MILL RD</b> Suite, Apt. #, etc. <b>SUITE A250</b> City & State <b>ATLANTA, GA</b> Zip <b>30339</b>		3. Mailing Address <b>3111 PACES MILL RD</b> Suite, Apt. #, etc. <b>SUITE A250</b> City & State <b>ATLANTA, GA</b> Zip <b>30339</b>		07142005    Chg-LP    CR2E003 (10/03) 4. FEI Number <b>59-2283026</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ADAMS, SUSAN</b> <b>4040 NEWBERRY ROAD, SUITE 1000</b> <b>GAINESVILLE, FL 32607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$100.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>M0400000193</b>		STREET ADDRESS		
NAME	<b>HALLMARK GROUP SERVICES, LLC</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>3111 PACES MILL ROAD, SUITE A-250</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA, GA 30339</b>		CITY-ST-ZIP		
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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:** Susan Adams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/13/05**  
Date