2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE: ! Camalle

Feb 22, 2005 08:00 AM DOCUMENT # A13533 **Secretary of State** 1. Entity Name MARTIN COLONY LIMITED PARTNERSHIP Mailing Address Principal Place of Business 51 COLONY RD. 51 COLONY RD. JUPITER FL 33469 US JUPITER FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State 4. FEI Number City & State 54-1215648 Not Applicab Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZARETSKY, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 1655 PALM BEACH LAKES BLVD. SUITE 900 W. PALM BEACH FL 33401 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Sonature, typed or printed name of registered agent and tale 4 applicable See Block 11 instructions for fee info. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,000,00 in FLORIDA to date as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS MARTIN, VANA E NAME 51 COLONY RD. STREET ADDRESS CITY-ST-ZIP CITY ST-7IE JUPITER FL 33469 DOCUMENT # STREET ADDRESS 1100000239392 MARKE <u>02/22/05-80042-007 141.25</u> STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-S1-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C11Y-S1-7/P CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME CHECK STREET ADDRESS CHY-SI-7P CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-St. 70P CHY SL-ZIP 14. I hereby certify that the information supplied with this filling 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 eath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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