

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A14972

FILED  
Apr 08, 2005  
Secretary of State

**Entity Name:** QUAILS BLUFF ASSOCIATES, LTD.

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

FEI Number: 59-2306724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOURNE, ROBERT A  
450 S. ORANGE AVENUE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 600,000.00

**Amount of Capital Contributions in Florida to date:** 600,000.00

**GENERAL PARTNER INFORMATION:**

Document #: M80607  
Name: QUAILS BLUFF, INC.  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT A. BOURNE

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04/08/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date