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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

SIGNATURE:

## Feb 15, 2005 08:00 AM DOCUMENT # A15621 Secretary of State 1. Entity Name BUCK BAY, LTD. Principal Place of Business Mailing Address 2321-A2 NW 41ST ST. GAINESVILLE FL 32606 2321 NW 41ST ST. SUITE A-2 GAINESVILLE FL 32606 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 59-2343555 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPAIN, THOMAS C. Street Address (P.O. Box Number is Not Acceptable) 2321 NW 41ST ST. SUITE A-2 GAINESVILLE FL 32606 Zip Code City 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 Signature, typed or printed name of registered agent and titlo\_f applicable See Block 11 instructions for fee info. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$149,954.28 in FLORIDA to date. 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 12. DOCUMENT # G67162 STREET ACCIRESS TIMPRO, INC. NAME STREET ADDRESS 2321-A2 NW 41ST ST. U00000230041 CITY-ST-782 02/15/05-80025-008 526.25 CITY-ST-ZIP GAINESVILLE FL 32606 **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CI1Y-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-\$1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-7IP 01TY-51-7IP DOCUMENT \$ STREET ADDRESS NAME STREET ADDRESS COTY-ST- ZIP CITY-ST-ZIP 14. Thereby 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

STEW L. SPAW

FILED

352.374.6372