2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

HERE

CHECK

SIGNATURE:

SECRETARY OF STATE DIVISION DE CORPORATIONS **DOCUMENT # A16709** 1. Entity Name 05 MAY | | AM | |: 00 INDEPENDENCE VILLAGE, LTD. Mailing Address Principal Place of Business GROVE AT LAKELAND SOUARE **GROVE AT LAKELAND SOUARE** 3570 US HWY 98 N. 3570 US HWY 98 N. LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address 109 West Commercial St 109 West Commercial St Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chg-LP CR2E003 (10/03) City & State Sanford, Florida City & State 4. FEI Number Applied For Sanford, Florida 59-2434478 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32771 32771 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Barcap Realty Services Group, Inc. BARCAP REALTY SERVICES GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) **GROVE AT LAKELAND SQUARE** 3570 US HWY 98 N. LÄKELAND, FL 33809 109 West Commercial Street Sanford 32599 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 Signature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$0.00 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 12. GENERAL PARTNER INFORMATION 13. M01524 DOCUMENT # STREET ADDRESS INDEPENDENCE VILLAGE, INC NAME 109 West Commercial Street STREET ADORESS 3570 US HWY 98 N. CITY-ST-ZIP CITY-ST-ZIP Sanford, Florida 32771 LAKELAND, FL 33809 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP **6000559146U**6 06/08/05--0106/--009 **141.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 intilicated 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 APR 29 2005

Make

E OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAM

FILED

407-688-7364