2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Apr 26, 2005 08:00 AM ----Secretary of State

Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Country  Country  Country  Country  Country  Country  Experiment Registered Agent  To Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above named entity sibritis this statement for this purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a street experiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a street experiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a street experiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a street experiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a street experiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a street experiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a street experiment of the changed on the form; an amendment must be filled to change a general partner.  A CENERAL PARTNER INFORMATION IN	DOCUMENT # A19158  1. Entity Name MACBETH ASSOCIATES, LTD.					Secretary of Sta
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Exp. Country  Set Catificate of Status Desired  Set 75 Additional Fee Equipment Fee Equipment Fee Equipment Fee Equipment Fee Equipment Fee Equipment Fee Chip Status Desired  Set 75 Additional Fee Equipment Fee Equipment Fee Chip Status Desired  Set 75 Additional Fee Equipment Fee Chip Status Desired  City  FL  Zip Code  City  F	2543 US 27 3	SOUTH	2543 US 27 SOUTH			
City & State  Ci	2. Principal Place of Business 3. Mailing Address					
Zip Country Zip Country S. Certificate of Status Deared S. 53-2451698 S. Tox Additional Fig. Popular Fig. Pop	Suite, Apt.	W, etc.	Suite, Apt. #, etc.	<del></del> ;	<del></del>	04132005 Chg-LP CR2E003 (10/03)
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a street agent of the policy of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a street obligations of registered agent, or both, in the State of Florida. I am familiar with, and a street obligations of registered agent, or both, in the State of Florida. I am familiar with, and a street obligations of registered agent, or both, in the State of Florida. I am familiar with, and a street obligations of registered agent, or both, in the State of Florida. I am familiar with, and a street obligations of registered agent, or both, in the State of Florida. I am familiar with, and a street of Florida. I am familiar with, and a street of Florida. I am familiar with, and a street of Florida. I am familiar with, and a street of Florida. I am familiar with, and a street of Florida. I am familiar with, and a street of Florida. I am familiar with, and a street of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and a street Address of Florida. I am familiar with, and	City & State		City & State		-y	1 <u>L-L-i-i</u>
MACBETH, J. R 2543 U.S. 27 SOUTH SEERING, FL 33872  City FL Zip Code  6. 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 a the obligations of registered agent and title applicable.  9. Cepital Contributions as Shown or record.  9. Cepital Contributions as Shown or record.  5526,000.00  10. Amount of Capital Contributions 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DODUMENT J. STASSO  HSM OF SEBRING, INC.  STREET ADDRESS  STREET ADDRESS  HSM OF SEBRING, INC.  STREET ADDRESS  GITY-ST-ZIP  DODUMENT J. RMM OF SEBRING, INC.  STREET ADDRESS  GITY-ST-ZIP  DOCUMENT J. RMM OF SEBRING, INC.  STREET ADDRESS  GITY-ST-ZIP  SEBRING, FL 33870  DOCUMENT J. RMM OF SEBRING, INC.  STREET ADDRESS  GITY-ST-ZIP  SEBRING, FL 33870  STREET ADDRESS  GITY-ST-ZIP  DOCUMENT J. STREET ADDRESS  GITY-ST-ZIP  SEBRING, FL 33870  STREET ADDRESS  GITY-ST-ZIP  SEBRING, FL 33870	Zip	Country	Zip	Count	try	5. Certificate of Status Desired
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  6. 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 femiliar with, and at the obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record.  S526,000.00  10. Amount of Capital Contributions in FLORIDA to dails.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT    SEBRING, INC.  STREET ADDRESS  JRM OF SEBRING, INC.  STREET ADDRESS  STREET ADDRESS  DOCUMENT    SEBRING, FL 33870  DOCUMENT    SEBRING, FL 33870  DOCUMENT    STREET ADDRESS  CITY-ST-ZIP  DOCUMENT    SEBRING, FL 33870  DOCUMENT    STREET ADDRESS  CITY-ST-ZIP  SEBRING, FL 33870  STREET ADDRESS  CITY-ST-ZIP  SEBRING, FL 33870  STREET ADDRESS  CITY-ST-ZIP  SEBRING, FL 33870		6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent
City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent.  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY.  DOUBLIGHT JAMPS JA						P.O. Box Number is Not Acceptable)
8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. 1 am familiar with, and at the obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  S526,000.00  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOUBLINE OF SERRING, INC.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  CITY-ST-2IP  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  DOUBLINE OF SEBRING, INC.  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870  STREET ADDRESS  CITY-ST-2IP  SEBRING, FL 33870			±			
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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)(1), 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 partner the receiver or trustee employed to execute this report as required by Chapter 620, Florida Statutes	,	autifus that the information's desired	This filling does not the says, # - Fin	1		with 140 DT(0)() Florida Statutes 14 days - 14 th at the 14