2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 27, 2005 08:00 AM Secretary of State

DOCUMENT # A19242 1. Edity Name EXPERITY All LIS RRH, LTD. Principal Place of Business The SS SQUITISDE BLYD MASSONHILE, FI. 32256 2. Principal Place of Business Salita, Apt. 4, etc. 101042005 Chg. 1. P. CR26003 (10103) 2. Principal Place of Business Salita, Apt. 4, etc. 101042005 Chg. 1. P. CR26003 (10103) 2. Principal Place of Business Salita, Apt. 4, etc. 101042005 Chg. 1. P. CR26003 (10103) 2. Principal Place of Business Salita, Apt. 4, etc. 101042005 Chg. 1. P. CR26003 (10103) 3. Additional Place of Substance Of Chg. 1. P. CR26003 (10103) 3. Salita Substance Of Chg. 1. P. CR26003 (10103) 3. Salita Substance Of Chg. 1. P. CR26003 (10103) 3. Captal Characteristic Substance Of Chg. 1. P. Remain and Address of Now Registered Agent 7. Remain and Address of Now Registered Agent 8. Captal Characteristic Substance Of Now Registered Agent 7. Remain and Address of Now Registered Agent 8. Captal Characteristic Substance Of Now Registered Agent 8.	Due by May 1, 2005				Socretory of State			
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City & State Country Ro	Principal Place of Business 3. Mailing Address		-					
Zip Country Zip Country 8. Certificate of Status Desired Service Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name a	Suite, Apt. #, etc. Suite, Apt. #, etc.				01042005 Chg-LP CR2E003 (10/03)		03 (10/03)	
SELIGMAN, KAREN J 7865 SOUTHSIDE BLVD JACKSONVILLE, FL 32256 City FL Zip Code The above named entity submits this estatement for the purpose of changing its registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations of Florida. I sen familiar with, and	City & State City & State							
SELIGMAN, KAREN J 7885 SOUTHSIDE BLVD JACKSONVILLE, FL 32256 City FL Zip Code 8. The above named entity submits inits sistement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions 8. STOWN on record. 9. Capital Contributions 8. 248, 100.00 10. Amount of Capital Contributions 11. Amount of Capital Contributions 11. A GENERAL FARTINER INFORMATION 11. Amount of Capital Contributions 11. A GENERAL FARTINER INFORMATION 1			Coun	itry			<i>)</i> 4 F	ee Required
SELIGMAN, KAREN J 786S SOUTHSIDE BLYD JACKSONVILLE, FL 32256 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tiem familiar with, and accept the obligations of registered agent, or both, in the State of Flor	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New R	legistered A	gent
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. 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 accept the obligations of registered agent. SIGNATURE 9. Capital Contributions \$248,100.00 10. Amount of Capital Contributions 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 emendment must be filed to change a general partner. 12.	SELIGMAN KAREN I			Name				
S. 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 9. Capital Contributions 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT MAKE SIELIGMAN, SANFORD L. 7865 SOUTH-SIDE BLVD JACKSONVILLE, FL DOCUMENT MAKE SIRET ADDRESS CITY-ST-2IP DOCUMENT MAKE SIRET ADDRESS CIT	7865 SOUTHSIDE BLVD			Street Address (P.O. Box Number is Not Acceptable)				
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