

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 28 AM 11:02

DOCUMENT # A19426 1. Entity Name 150 S. PROPERTIES, LTD.				DIVISION OF CORPORATIONS 05 JUL 28 AM 11:02	
Principal Place of Business 150 S. PALMETTO AVE. DAYTONA BEACH, FL 32014 32114		Mailing Address 150 S. PALMETTO AVE. DAYTONA BEACH, FL 32014 32114		 07062005 Chg-LP CR2E003 (10/03) 4. FEI Number 59-2505697 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		City	
6. Name and Address of Current Registered Agent TUMBLESON J. DOYLE 150 S. PALMETTO AVE. BOX A DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$588,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	H47966	STREET ADDRESS			
NAME	150 S. PROPERTY MGMT INC	CITY-ST-ZIP			
STREET ADDRESS	150 S. PALMETTO AVE.				
CITY-ST-ZIP	DAYTONA BEACH, FL				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
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 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					
SIGNATURE:  J. Doyle Tumbleson		7/6/05		(386) 252-1561	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	