
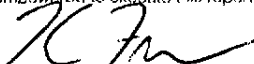


ORIG

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A19722			
1. Entity Name UMATILLA, LTD.			
Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756		Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756		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: \$184,960.00		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 filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000010824	STREET ADDRESS	
NAME	PEARL LANE, LLC	CITY-ST-ZIP	10-28-05-20091-004 535.00
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8		
CITY-ST-ZIP	CLEARWATER, FL 33756		
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)(f), 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: 		Kevin T. Flynn As Vice-President of 6/05 727-449-1182	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		LLC General Partner	

STAPLE CHECK HERE