2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL

2004 APR 23 PM 3: 55 **DOCUMENT # A19891** SECRETARY OF STATE TALLAHASSEE, FLORIDA ALBÁNY PLACE '85, LTD. Mailing Address Principal Place of Business 1336 SEA MARSH COVE 1336 SEA MARSH COVE AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E003 (10/03) 02172004 Applied For 4. FEI Number City & State City & State 59-2527807 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ASBURY, TOM Street Address (P.O. Box Number is Not Acceptable) 6448 SOUTHPOINT PARKWAY STE: 180 lecusood lane JACKSONVILLE: FL-92216 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 Florida. I am familiar the obligations of registered agent. -6000957<u>9</u>7 SIGNATURE Spiniture, types or printed name of registered agent and bits if applicable. 95, 87, 64 - 0109 i 9. Capital Contributions 10. Amount of Capital Contributions \$1,875,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT * STREET ADDRESS SMITH, LLOYD III 1336 SEA MARSH COVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND, FL 32034 DOCUMENT -STREET ADDRESS WEDEKIND, LEE D. JR. N SE STREET ADDRESS 1336 SEA MARSH COVE CITY-ST-ZIP CITY-ST-ZIF AMELIA ISLAND, FL 32034 OCCUMENT : STREET - DORESS LLOYD SMITH III AND ASSOCIATES NAME STREET ADDRESS 1336 SEA MARSH COVE CITY-SY-216 AMELIA ISLAND, FL 32034 CHY-ST-ZE DOCUMENT -STREET - DORESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP DOCUMENT : STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 cath; 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

loyd Smith III General Partner 4/41/04

FILED