2005 LIMITED PARTNERSHIP ANNUAL REPORT-{AR} DUE BY MAY 1, 2005

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TWANT TOTA FILLING, ETOT II						SECRETARY	OF STATE	
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business								
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				1ST MOORE CR2E003 (10/04)				
y & State		City & State		4. FEI Number 59-	2888915	Applied For Not Applicable		
•	Country	Zip	Countr	у	5. Certificate of Status		\$8.75 Additional Fee Required	
	6. Name and Address of Currer	t Registered Agent			7. Name and Addres	s of New Registered /	\gent	
HAMPTON, FRANK 6143 SPIREA STREET JACKSONVILLE FL 32209				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
								City
SIGNATURE Signature, typed or printed name of registered scent and title if applicable						11. FILE NOW!!! Due See Block 11 inst	by May 1, 2005. Tructions for fee info.	
pital Contri	butions \$20,000,0	10. Amount of Cap		utions				
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THE ATTEMPT OF THE AT	Ty Name IPTON Pal Place of ELINCOLORA FL 3 Acipal Place in Apt. #, 4 A State HAMP 6143 ! A State HAMP 6143 ! ADDRESS -ZIP INT / ADDRESS -ZIP INT /	APPON VILLAS, LTD. II Pal Place of Business E LINCOLN AVE ORA FL 32757 Pricipal Place of Business Re, Apt. #, etc. A State Country 6. Name and Address of Current HAMPTON, FRANK 6143 SPIREA STREET JACKSONVILLE FL 32209 Pabove named entity submits this statement ne State of Florida. I am familiar with, and act ACTURE Signature, typed or printed name of registered age poital Contributions Shown on record. A GENERAL PARTNER NOTE: General Partners M GENERAL PARTNI ADDRESS 6143 SPIREA STREET JACKSONVILLE FL 32209 NT # ADDRESS -ZIP ADDRESS -ZI	IPTON VILLAS, LTD. II Pal Place of Business E LINCOLN AVE ORA FL 32757 Cipal Place of Business E, Apt. #, etc. Suite, Apt. #, etc. City & State Country Ty 6. Name and Address of Current Registered Agent F Above named entity submits this statement for the purpose of changing the State of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. I am familiar with, and accept the obligations of registe state of Florida. 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Name and Address of Current Registered Agent 7. State 6. Name and Address of Current Registered Agent 7. State 6. Name and Address of Current Registered Agent 7. State 6. Name and Address of Current Registered Agent 7. State 7.	In the contributions In the purpose of changing its registered office or registered agent In the purpose of changing its registered office or registered agent In the purpose of changing its registered office or registered agent In the purpose of changing its registered office or registered agent In the purpose of changing its registered office or registered state of fionda. I am familiar with, and accept the obligations of registered agent In the purpose of changing its registered office or registered state of fionda. I am familiar with, and accept the obligations of registered agent In the purpose of changing its registered office or registered state of fionda. 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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER Date

SIGNATURE:,